

Dallas County Behavioral Health Leadership Team
Thursday, December 9, 2021
9:30am -11:00am
Virtual Meeting via Microsoft Teams

- I. Welcome and Call to Order
 - Review/ Approval of November 11, 2021 Meeting Minutes
- II. Introductions
- III. Presentation:
“Dallas R.E.A.L Time Rapid Rehousing”
 - Presenters: Joli Robinson and Peter Brodsky, MDHA
- IV. North Texas Behavioral Health Authority (NTBHA) Update
 - Presentation: Narcan Training
- V. Meadows Mental Health Policy Institute (MMHPI)
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update
- VIII. Legislative Update
- IX. Funding Opportunities
 - The Cottages Update
 - SAMHSA Residential Treatment Grant Update
 - Community Courts Grant Update-Public Defender’s Office (PD)
 - Restorative Justice Division-District Attorney’s Office (RJD)
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment

* Indicates items requiring approval from Dallas County Behavioral Health Leadership Team

The following reports from BHLT Committees are included for your records: *ACOT, BHSC, PD Mental Health Stats, North Texas Behavioral Health Authority, FUSE and RJD Stats*. Unless action is required, there will be no verbal updates from those committees.



DALLAS COUNTY, TEXAS
Minutes of the Behavioral Health Leadership Team Meeting
Thursday, November 11, 2021
<https://www.dallascounty.org/departments/criminal-justice/bhlt/>

Welcome and Call to Order

Commissioner John Wiley Price called the Behavioral Health Leadership Team (BHLT) meeting to order at 9:30AM, noting that legal notices had been posted, and a quorum of the Commissioners Court was present. Those being: Commissioners Price, Dr. Daniel, and Koch. Therefore, Commissioner John Wiley Price entertained a motion for opening the meeting.

A motion was made by Commissioner Dr. Theresa Daniel for the opening of the meeting and was seconded by Commissioner J.J. Koch. The motion was unanimously passed by the committee members accepting the request to open the Behavioral Health Leadership Team meeting.

Commissioner Price announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded.

Review/Approval of Minutes

The minutes of the BHLT meeting held on Thursday, October 14, 2021, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be approved. A motion was made by Commissioner Dr. Theresa Daniel for the October 14, 2021 minutes to stand approved as submitted and was then seconded by Commissioner J.J. Koch. The minutes stood as submitted.

Introductions

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves. There were no first time attendees.

North Texas Behavioral Health Authority (NTBHA) Update

Carol Lucky, CEO of NTBHA, provided the NTBHA update. Ms. Lucky stated that the Board met on the previous day. For the month of September, the mental health service program served 25,222 adults and 8,620 children. During the month of September, 117 calls were received on the COVID 19 call line. The back order of Narcan was received and is available. Ms. Lucky or Dr. Walter Taylor can be contacted for the Narcan, which comes with full instructions and training can be offered for its use.

Funding in the amount of \$7.5 million was received for specific purposes with about \$2.2 million for capacity expansion. Other high end needs services will be viewed for improvement opportunities. Housing received \$5 million which will pay for Housing Navigators and well as

the housing of individuals who are coming out of the justice system or in a mental health crisis. Ms. Lucky was in hopes of getting approval to use some of the funds for those who have substance use disorder.

- Commissioner Price asked Ms. Lucky to contact Johnathan Bazan to see how a collaboration can be made to leverage the housing funding, stating there is an initiative regarding housing with an appropriation from American Rescue Plan.
- Commissioner Price requested training on the proper use of Narcan.

Ms. Lucky stated that the Tenant Based Rental Assistance (TBRA) program is active and running smoothly.

Dr. Walter Taylor reported on Diversity, Equity, and Inclusion training stating that the current Courageous Conversations session is closing but the next session will start on December 19, 2021 with several new topics, with Eventbrite being the platform for registration.

- Commissioner Dr. Daniel requested a demonstration on how to use Narcan.

Ms. Lucky will locate videos on the proper use and administration of Narcan and will get them to those who requested the training.

Meadows Mental Health Policy Institute (MMHPI)

Doug Denton provided an update on the Dallas Deflection Center construction project and Homeward Bound. The construction is proceeding at a good pace. They were meeting with the University of North Texas-Dallas Criminal Justice department to discuss getting criminal justice interns involved in their process. Parkland will tour their space to plan their move-in date.

Dallas County Behavioral Health Housing Workgroup

Commissioner Dr. Daniel provided the update stating that the North Texas Eviction Prevention project continues with more effective, efficient processes in place. She stated that the affordable housing stock in Dallas County had not improved. They are looking at different properties for housing projects with various options for stability and sustainability for tenants.

Commissioner Dr. Daniel was proud to announce that Dallas County had its first investment in housing with a property on Beckley, and broke ground for the Oak Cliff Gateway which is a combination of 80% affordable housing and 20% market housing, offering a couple more hundred units to the stock. MDHA as well as City Square were both progressing on data access projects and management of other types of housing properties.

1115 Waiver Crisis Services Project Update

Yordanos Melake, Criminal Justice Department CSP Manager, provided the update. She stated CSP has submitted the October DY10 DSRIP report. On November 1st HHSC will begin the review of October reports and supporting documents. On December 10th, HHSC and the Centers for Medicare and Medicaid Services will have completed their review and approval of DY10 reports. The first Advisory Committee meeting for the 16.22 Mental Health Unit was held in

October, and afterwards received constructive and supportive feedback. Meetings were cancelled for November and December 2021 and will resume January 2022.

Legislative Update

Janie Metzinger, Legislative Coordinator at NTBHA, provided the update, stating that the SB-8 in the 3rd called session did divide the ARPA funding with \$2 billion for local, state, and psychiatric hospitals, long term care and nursing facilities, search staffing, therapeutic drugs, and regional infusion centers. \$237 million were granted for the construction of the state hospital in Dallas with \$15 million for capacity expansion at Sunrise Canyon Psychiatric Hospital in Lubbock. For the Texas Mental Health Consortium, \$113 million of funding was granted for the Child Psychiatric Access Network, the Texas Child Access through Telemedicine Program, workforce development, and administrative and oversight expenses. Ms. Metzinger stated that \$40 million were granted for a hospital in the Permian Basin in Midland which is going to be a 100 bed Comprehensive Behavioral Health Center.

Ms. Metzinger stated that the speaker had established a select committee on youth health and safety, mentioning that Representatives Tony Rose and Victorian Neave are on that committee. The committee will focus on mental health, behavioral health, child protective services, education, and the justice system. Ms. Metzinger further mention that the legislature is in the process of developing the interim charges and the U.S. Congress had passed a bill that had been signed by the president for training service animals for veterans.

- Commissioner Price mentioned to Charlene Randolph to be sure that Dallas County is making applications for any possible funding source that impacts its constituency. He stated to tail-gate the juvenile services mentioned by Ms. Metzinger and to reach out to Mr. Beatty.

Funding Opportunities

●The Cottages Update

Charlene Randolph, Director of Dallas County Criminal Justice Department, provided the update, stating that the month of October started with 42 residents and ended with 40 with no DA inspections for the last couple of months.

●SAMHSA Residential Treatment Grant Update

Sheena Oriabure with the Criminal Justice Department provided the report stating that two has been admitted in this fiscal year which began on September 30, 2021, with nine pending. She reported that COVID 19 is still impacting their admission rates. The grant forecast from SAMHSA was received. She stated that those opportunities are being explored and the final grant continuation for grant year five is being completed.

●Community Courts Grant Update-Public Defender's Office (PD)

Mr. Paul Blocker provided the update, stating with regard to the Mental Health PR Bond there were another 152 eligible clients after screening out disqualifications, with 38 being granted bonds. Those numbers continued to be negatively affected for clients who had no home or phone number. Concerning the regular bail review hearings, they are keeping track of those clients with mental

health diagnosis, offering services so that they return to court. He stated that as of the last report there were 21 clients in the South Dallas Drug Court program with two in in-patient treatment. He was expecting to have the Inter-local Agreements to provide services for the South Dallas Drug Court and the City of Dallas Veteran's Court on the Commissioners court agenda by the beginning of 2022.

● **Restorative Justice Division-District Attorney's Office (RJD)**

Julie Turnbull provided the update stating that they continue to work with Dallas Deflects along with Parkland. They were working on finalizing the data sharing agreement through their civil division. The new pretrial diversion process and the pretrial intervention agreements were going well.

Lee Pearson provided an update from a mental health conference that there is now an "Eliminate the Wait" tool kit for various segments of law for eliminating the wait for the state hospital.

Upcoming Events and Notifications

- Judge Wade announced that she is running again.
- Doug Denton announced the open house of the Dallas Deflection Center and welcomed all to come.
- LaShonda Jefferson announced that there was an uptick last month in suspected behavioral health needs.
- Ms. Cusumano announced that NAMI Texas was having their annual conference which started November 12, 2021. To register for the free conference visit namitexas.org.
- Commissioner Price thanked the veterans for their service.
- Commissioner Dr. Daniel offered her thanks to the veterans as well as to all who help through their service.

Public Comments

There were no public comments.

Adjournment

Commissioner John Wiley Price thanked everyone for their service to those individuals who needs them. The meeting was adjourned at 10:27 a.m. with a motion made by Commissioner Dr. Theresa Daniel and seconded by Commissioner JJ Koch.

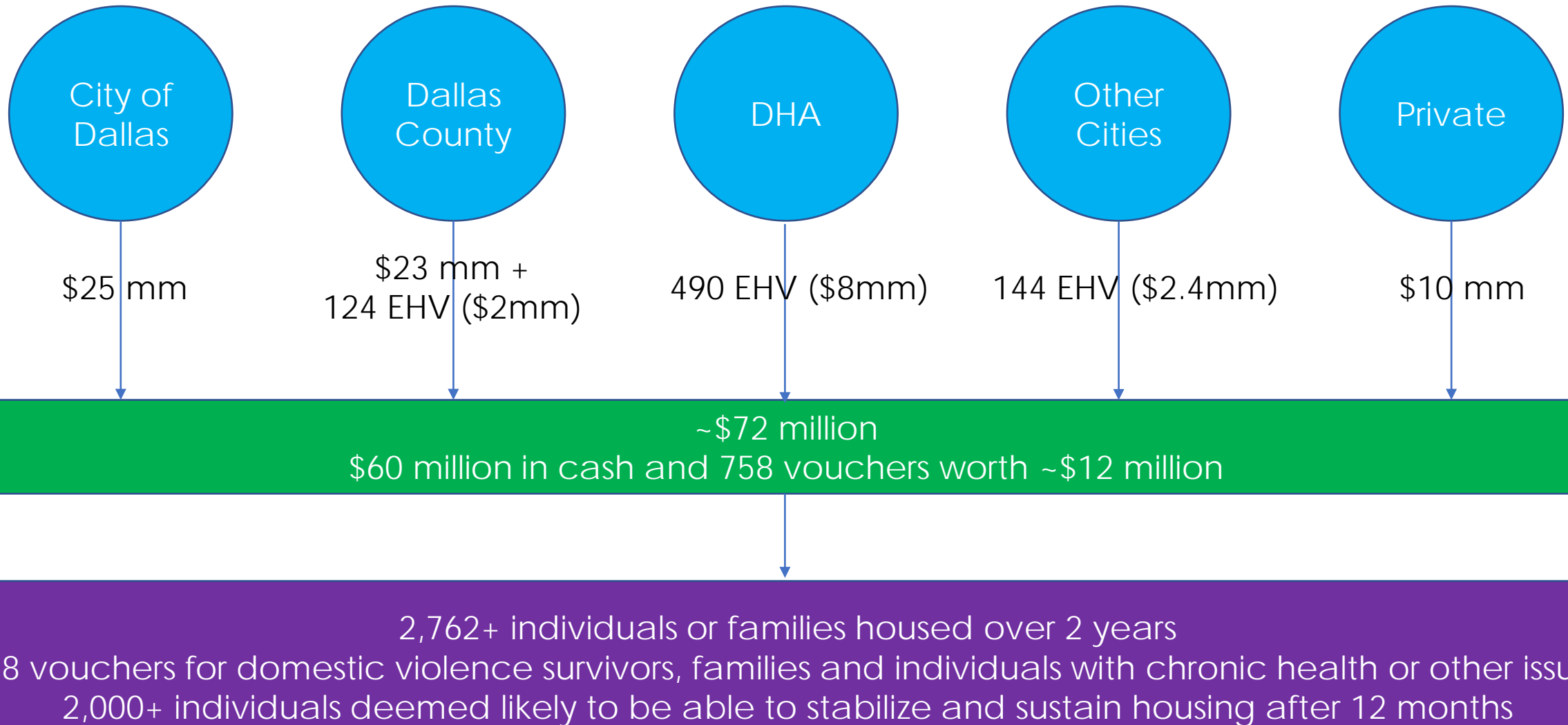
Dallas R.E.A.L. Time Rapid Rehousing

- Collaborative model involving multiple governmental entities and COC service providers
- Funding from American Rescue Plan Act (ARPA) and philanthropy
- Rehousing and wraparound services

RESULT:

R.E.A.L. access to housing for persons experiencing homelessness

Dallas R.E.A.L. Time Rapid Rehousing



How Will The Funds Be Utilized?

Rental Subsidy \$42 Million

- Phase 1: EHV Vouchers- \$10 million
- Phase 2: Rapid Re-Housing financial assistance- \$32 million

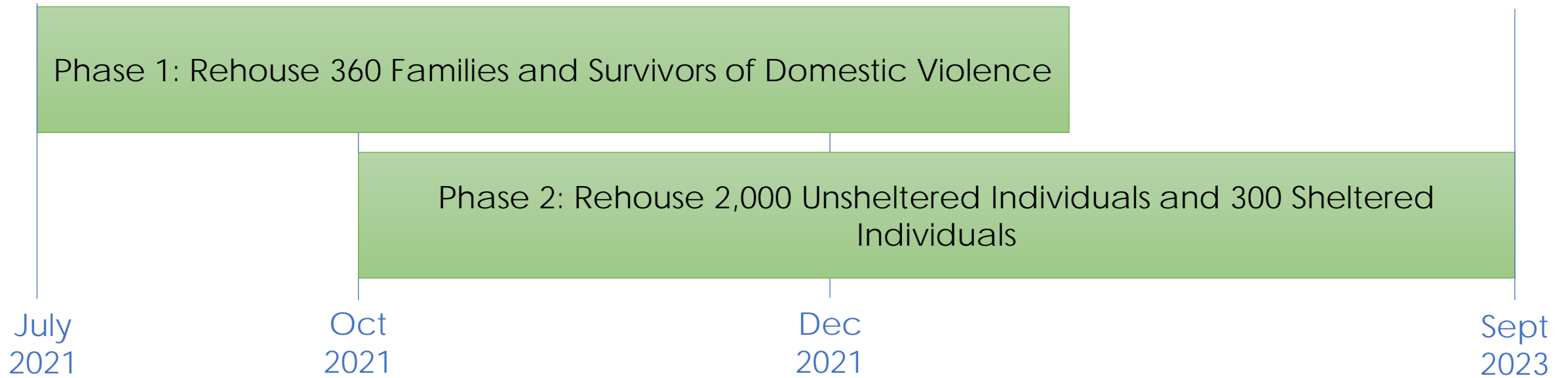
Services \$18 Million

- Case Management
- Navigation
- Landlord Engagement

Other \$10 Million

- Landlord Incentives
- Move In Kits
- Admin capacity

Timeline



Public Dashboard Mock-Up

External Mockup Revised

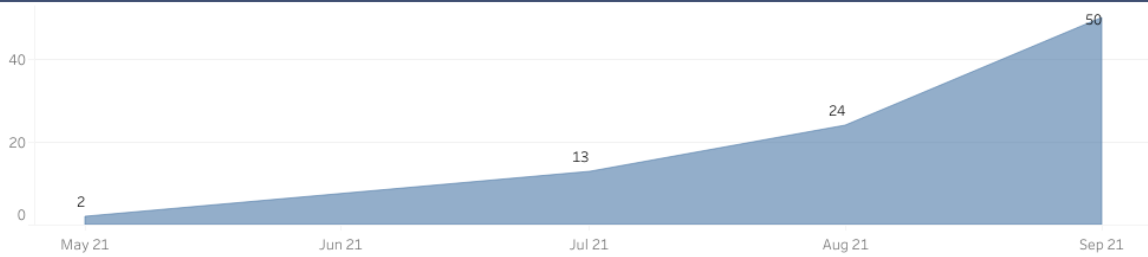
- Who Are We Serving?
- Examining equity in access
- Monitoring longer-term outcomes

Who are we serving?

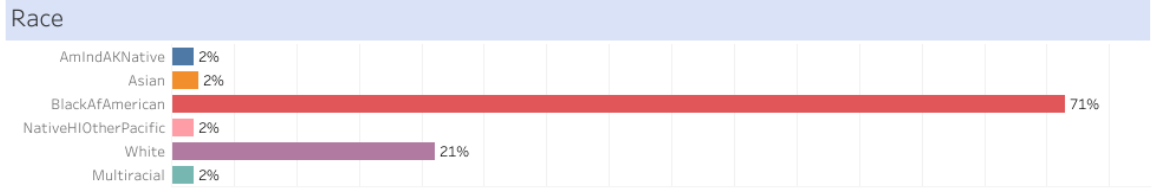
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Intervention
All

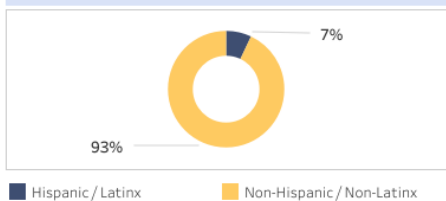
Total Placements



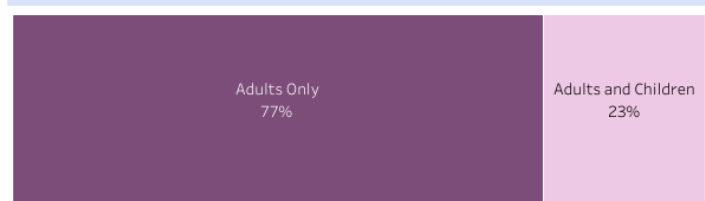
Demographic Breakdown (All)



Ethnicity



Household Type



External Mockup Revised

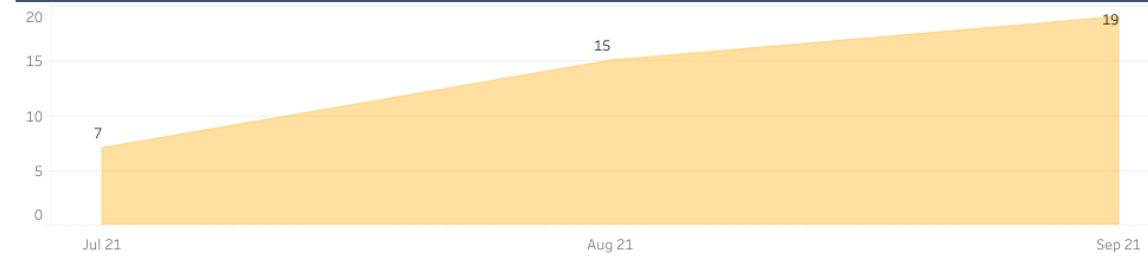
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Who are we serving?

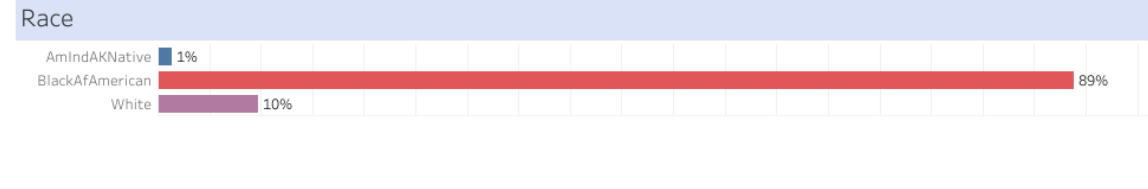
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Intervention
Emergency Housing Voucher

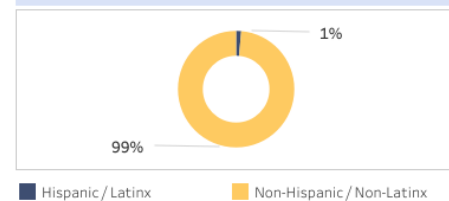
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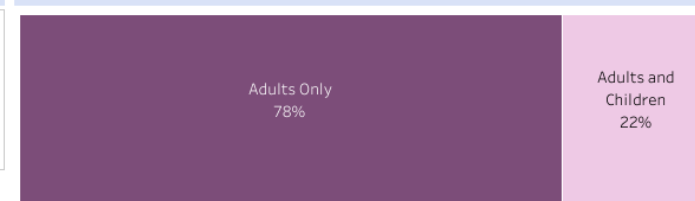
Demographic Breakdown (Emergency Housing Voucher)



Ethnicity



Household Type



External Mockup Revised

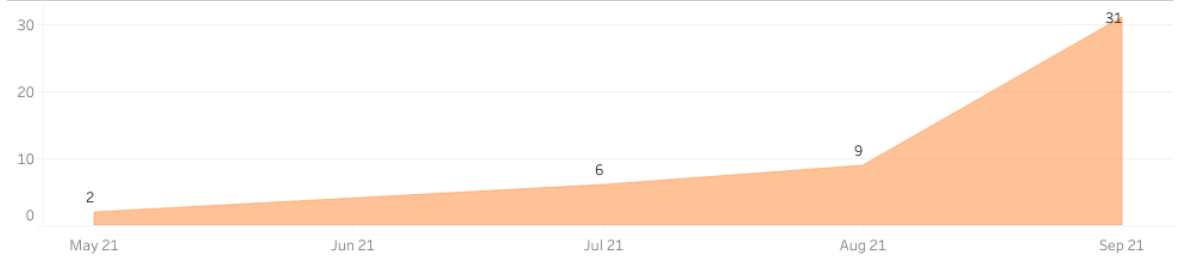
Who Are We Serving? Examining equity in access Monitoring longer-term outcomes

Who are we serving?

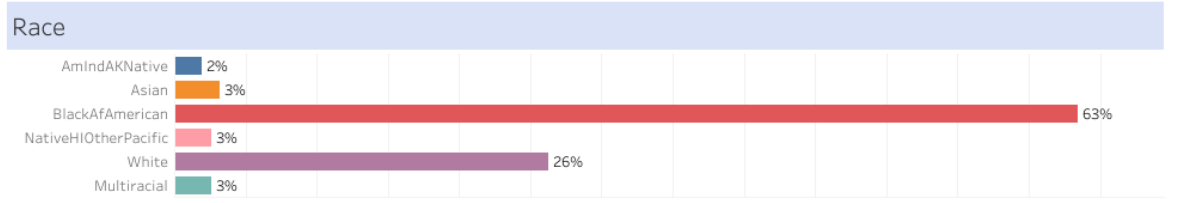
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Intervention Rapid Rehousing

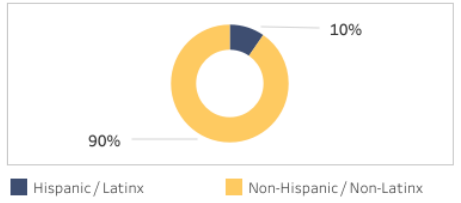
Total Placements



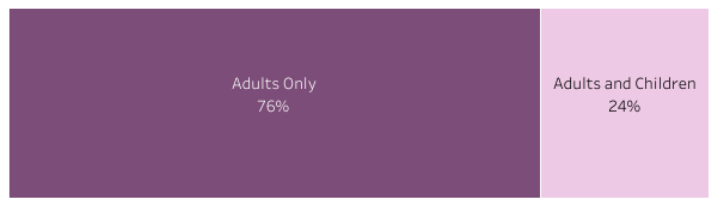
Demographic Breakdown (Rapid Rehousing)



Ethnicity



Household Type

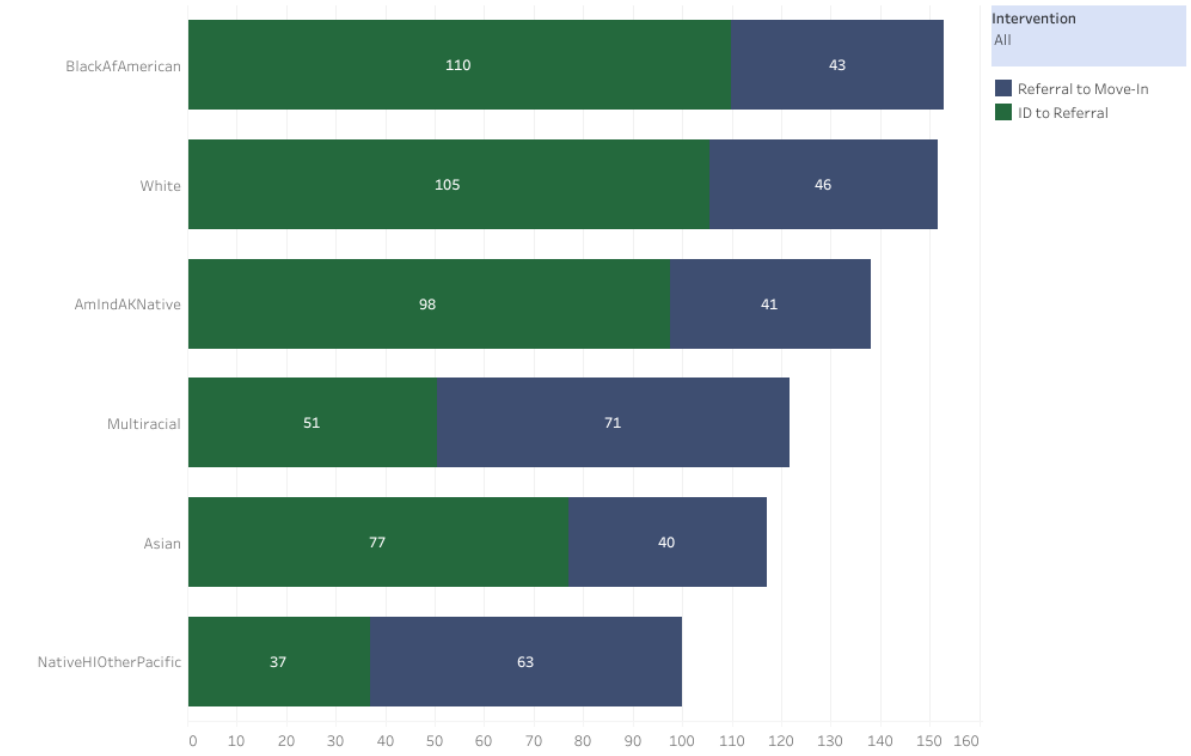



External Mockup Revised

Who Are We Serving? Examining equity in access Monitoring longer-term outcomes

Examining Racial Equity in Housing Assessments and Referrals

Average Days from Identification to Housing (All)





Narcan administration for suspected opioid overdose

Original Material from ORN Narcan Train the Trainer &
Originally Written by: Brandon Costerison, MPS, MARS
with updates from NTBHA OSAR Team

Presented by NTBHA OSAR

Background on the Opioid Epidemic and It's Impact on Lives

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

NEARLY
500,000
PEOPLE DIED FROM AN
OPIOID OVERDOSE
(1999-2019)

www.cdc.gov

A Multi-Layered Problem in Three Distinct Waves



1990s

mark a rise in prescription
opioid overdose deaths

Rx OPIOIDS

Include natural, semi-synthetic,
and methadone and can be
prescribed by doctors



2010

marks a rise in heroin
overdose deaths

HEROIN

An illegal opioid



2013

marks a rise in synthetic
opioid overdose deaths

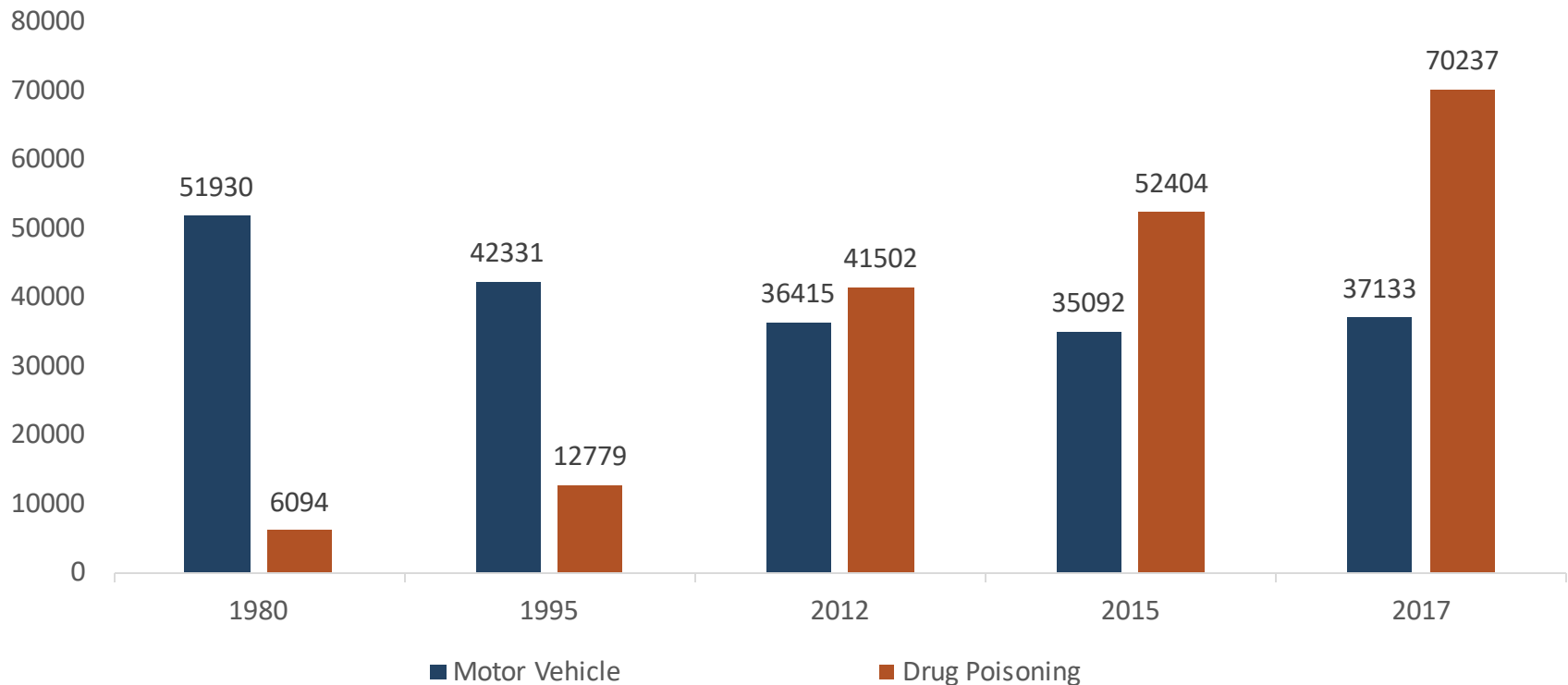
SYNTHETIC OPIOIDS

Include fentanyl and can
be illicitly made

Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

100 people die from drug overdose every day in the U.S.

Death by leading cause of injury (per 100,000)



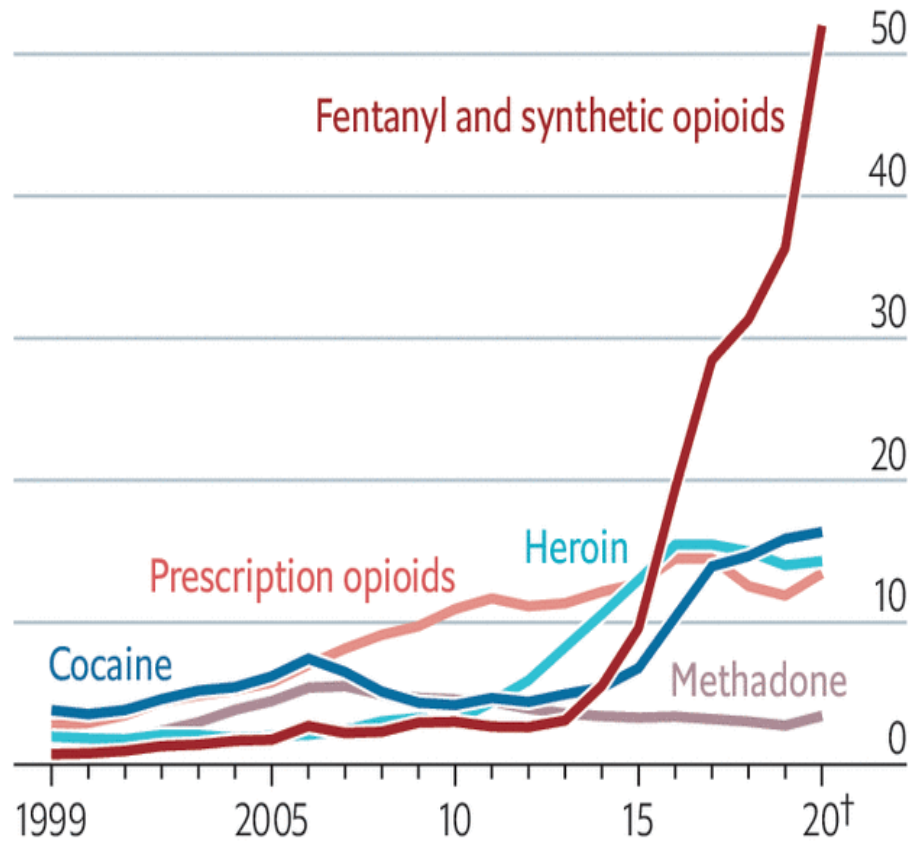
Presribetoprevent.org
ASAM.org nhtsa.gov



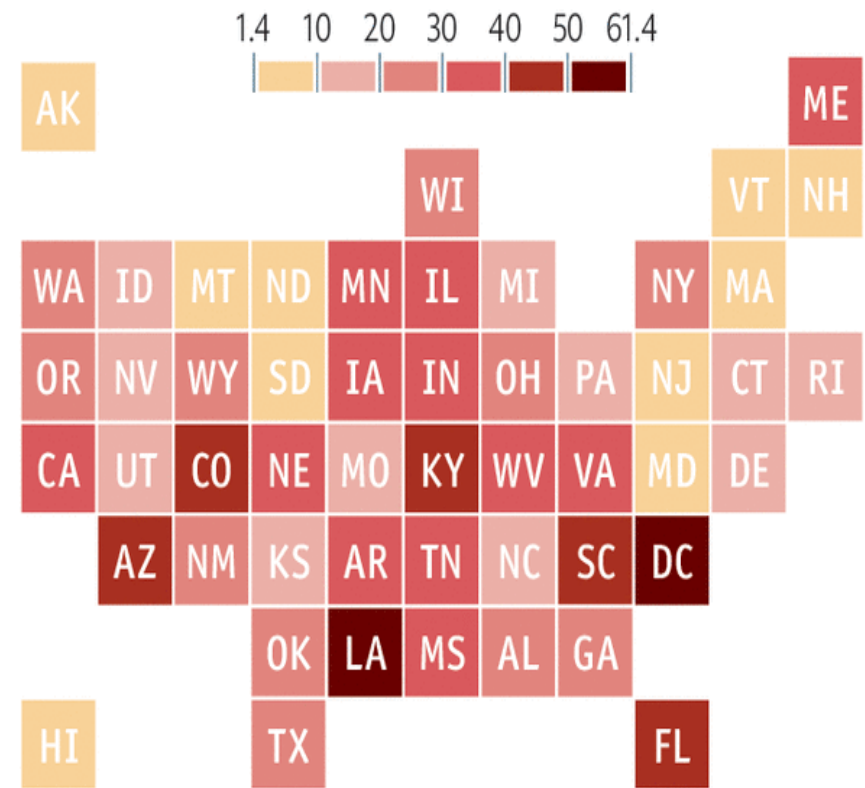
The other epidemic

United States, drug overdose deaths*

By year, '000



By state, 2020†, % change on a year earlier



*Deaths involving multiple opioids counted in each category
 †12-month ending August 2020, predicted

Source: Centres for Disease Control and Prevention

What are risk factors for an overdose?

Chronic:

- Previous overdose
- History of substance use or misuse
- Previous suicide attempt
- Access to prescription drugs
- Witnessed a family member overdose
- High Rx opioid dose and/or sustained action

Acute:

- Period of abstinence= Decreased tolerance (Incarceration, detox, rehab, etc.)
- A change in amount or purity (e.g., fentanyl)
- Injecting
- Mixing opioids with other substances (CNS depressants)
- Using alone
- Being physically ill/respiratory disease
- Homeless in the past 90 days

Individuals who should have Narcan kits on hand near their first aid kits: Family, Friends, Individuals that are recently out of incarceration, detox or residential treatment, staff or businesses that work with people in the public settings, & people that are currently taking or prescribed opioids.



What does an overdose look like?

Opioid Overdose Signs & Symptoms

Don't use alone

Breathing will be slow or absent



Lips and nails are blue



You can hear gurgling sounds or snoring



Can't be woken up



Person is not moving



Person may be choking



Skin feels cold and clammy



Pupils are tiny



toward
THE heart.com
A PROJECT OF THE PROVINCIAL
HARM REDUCTION PROGRAM

CALL 9-1-1 IMMEDIATELY

Adapted from resources developed by OHRDP

Overdoses don't always happen immediately after use and can happen between 1-3 hours after a person has used an opioid.



How to Respond in an Overdose

Steps to teach patients, family, friends, caregivers

Recognize overdose

1

Call 911 for help

2

Administer naloxone
as soon as it is available

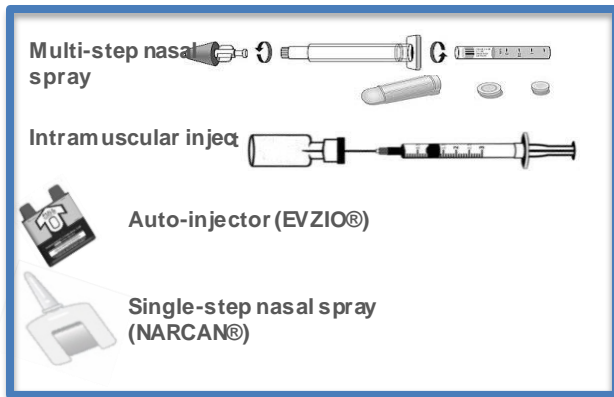
3 4

Rescue breathe/
chest compressions
per rescuer's level of
training

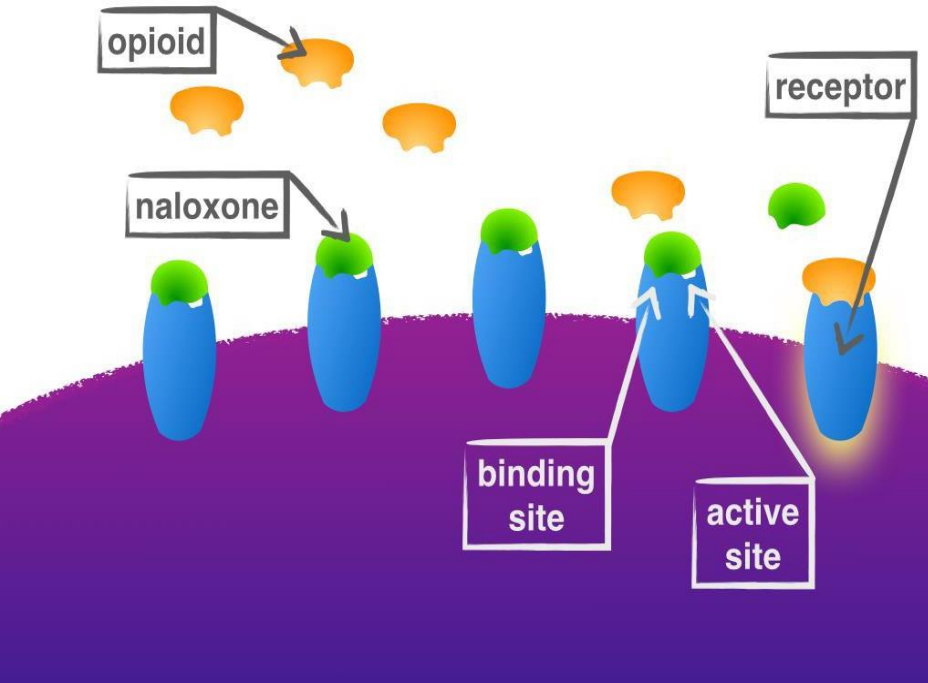


Stay until help
arrives
Place in
recovery position if
breathing

5



What's naloxone?



Prepackaged Nasal Spray
NARCAN® Nasal Spray is a
prefilled, needle-free device that
requires no assembly and is
sprayed into one nostril



How To Use Narcan Overview Video

OPIOID OVERDOSE EDUCATION/ PREVENTION TRAINING



Play (k)



0:00 / 2:30



Narcan In Action- Saving a Life



Deploying the nasal spray kit

Using NARCAN® Nasal Spray involves 3 simple steps.

1 PEEL back the package to remove the device.

2 PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

3 PRESS the plunger firmly to release the dose into the patient's nose.



Deploying the nasal spray kit

1 **PEEL** back the package to remove the device.



Deploying the nasal spray kit



Do not press plunger until you are ready to administer the dose

2 PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



Deploying the nasal spray kit



3 PRESS the plunger firmly to release the dose into the patient's nose.



- **BRISKLY** is the key concept here.
- A feeble or slow push of the plunger will just cause the medicine to “dribble” ineffectively out of the kit.

take!
note!



Important notes about naloxone (Narcan)

- ✧ If the first dose does not work, you can administer a 2nd dose
- ✧ It takes approximately 2-5 minutes to take effect
- ✧ Narcan stays in the system ~ one hour
 - Narcan has a shorter half-life than heroin
 - Someone can go back into overdose after Narcan wears off
- ✧ Someone who overdosed should NOT use any type of depressant following the overdose



Narcan Administration Review:

Feel for a pulse...

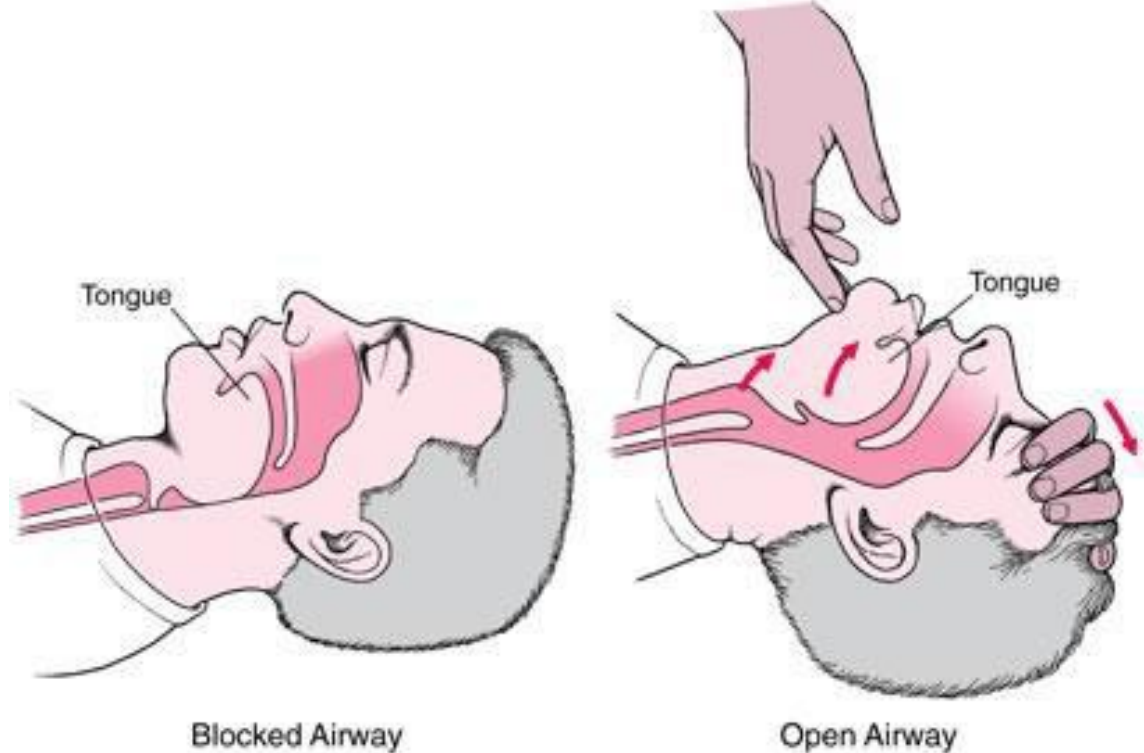
If pulse is present at all, start rescue breathing after Narcan administered.

- ✧ Opioid overdose is characterized by severely depressed breathing.
- ✧ Even a little bit through rescue breathing can keep someone alive!
- ✧ Rescue breathing:
 - Tilt head back and give 1 breath every 7 seconds

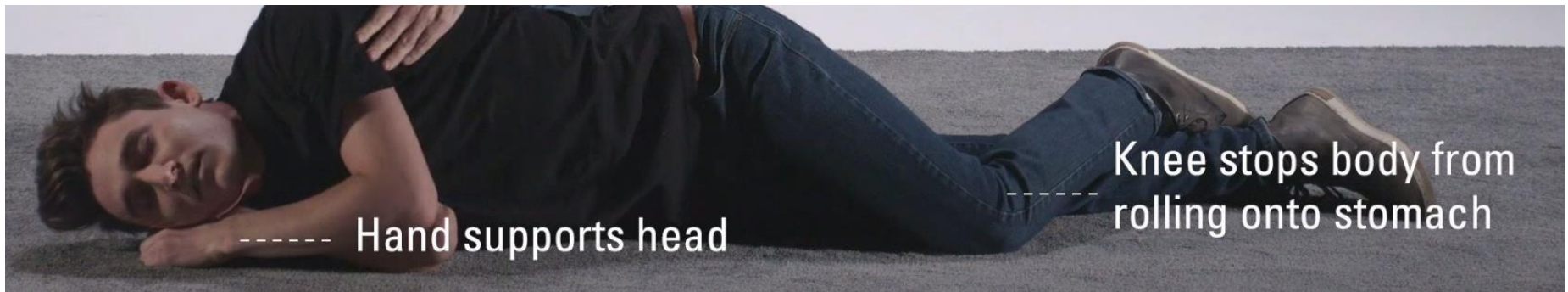


Airway tips

- ✧ Head-tilt/Chin-lift Maneuver often lifts the tongue out of the way



If leaving their side, place patient in the recovery position



When NOT to use the spray

- ✧ Nose obstructions, active bleeding, structural defects



When NOT to use the spray

- ✧ Patient does not show opioid overdose symptoms
- ✧ If the patient has no pulse, start CPR
 - Don't interrupt chest compressions for breathing or naloxone administration
 - Keep doing chest compressions until the AED arrives and it's ready to deploy!



Reminder: always use universal precautions

- ✧ Eye Protection
- ✧ Gloves
- ✧ Breathing mask



Be prepared

Naloxone may precipitate withdrawal symptoms among those with physical dependence.

About 50% of administrations result in no negative side effects.

- ✧ Side effects may manifest as:
 - Anger/Irritability (about 20%)
 - “Dope Sick” (about 19%)
 - Vomiting (about 7%)
 - Combative (about 4%)
 - Other (about 5%)

These initial reactions are medical (not criminal).





Frequently Asked Questions

- ✧ What if I give naloxone to a patient who has a different kind of overdose or isn't overdosing at all? Might the medicine cause harm?



ANSWER

- ✧ No, not at all. Naloxone has very little, if any, effect on people who are not experiencing an opioid overdose. It is an extremely safe (and effective) medication.
- ✧ Types of Opioids that Narcan can reverse:
Codeine, Fentanyl, Heroin, Hydrocodone (Vicodin), Hydromorphone (Dilaudid), Illicitly-made fentanyl, Methadone, Morphine & Oxycodone (Oxycontin, Percodan, Percocet).



F A Q

Frequently Asked Questions

- ✧ How should we safely store the Narcan and how long does it last?



ANSWER

- ✧ Keep Narcan out of extreme temperatures and direct sunlight. Don't leave it in your vehicle during hot summers and cold winters. Narcan shelf life is 36 months, but studies have found it lasts much longer if stored appropriately.



Fentanyl Safety Tips

- ✧ If you touch fentanyl, it can be removed from skin with soap and water
 - Alcohol-based products, such as hand sanitizer or wipes, may increase fentanyl absorption
 - Wash your hands soon, but not necessarily immediately & Avoid touching lips or eyes
- ✧ There is no need for special gear or double gloving - one pair of nitrile gloves is enough
- ✧ Carry naloxone and be familiar with it.



Naloxone laws in Texas

✧ **Senate Bill 1462**

✧ Sec. 483.104. DISTRIBUTION OF OPIOID ANTAGONIST; STANDING

✧ ORDER. A person or organization acting under a standing order

✧ issued by a prescriber may store an opioid antagonist and may

✧ distribute an opioid antagonist, provided the person or

✧ organization does not request or receive compensation for storage

✧ or distribution.

✧ Sec. 483.105. POSSESSION OF OPIOID ANTAGONIST. Any person

✧ may possess an opioid antagonist, regardless of whether the person

✧ holds a prescription for the opioid antagonist..



Naloxone laws in Texas (cont)

✧ Sec. 483.106. ADMINISTRATION OF OPIOID ANTAGONIST. (a) A
✧ person who, acting in good faith and with reasonable care,
✧ administers or does not administer an opioid antagonist to another
✧ person whom the person believes is suffering an opioid-related drug
✧ overdose **is not subject to criminal prosecution, sanction under any
✧ professional licensing statute, or civil liability, for an act or
✧ omission resulting from the administration of or failure to
✧ administer the opioid antagonist.**

✧ (b) Emergency services personnel are authorized to
✧ administer an opioid antagonist to a person who appears to be
✧ suffering an opioid-related drug overdose, as clinically
✧ indicated.





How can I get Narcan?

*Both OSAR and NTBHA's Community Health Workers can provide free Narcan kits.

*NTBHA Community Health Workers can show individuals how to use Narcan and give information on how to obtain Narcan in larger quantities for free.

*NTBHA Community Health Workers contact: Kevin Fox or Jessie Garcia
214-366-9407 or chwrightreferral@ntbha.org

*NTBHA OSAR: 844-275-0600 or osar@ntbha.org

Thank You!

✧ Questions?



Dallas Deflects Organizing Committee
October 11, 2021
Meeting Notes

Attendees: Dr. Theresa Daniel (Dallas County Commissioner), Ron Stretcher (MMHPI), Dr. Ronica Watkins (Dallas County Budget of Office and Evaluation), Lt. Delia Lugo (Dallas County Hospital District Police), Crystal Garland (Dallas County Criminal Justice Department), Laura Edmonds (Dallas County Criminal Justice Department), Albert Sanchez (Downtown Dallas, Inc.), Yordanos Melake (Dallas County Criminal Justice Department), Daniel Cherry (Dallas County Facilities), Marsha Edwards (Dallas County District Attorney's Office), LaShonda Jefferson (Dallas County Criminal Justice Department), Julie Turnbull (Dallas County District Attorney's Office), Chad Anderson (NTBHA), Lee Pierson (Dallas County District Attorney's Office), Chief Matt Walling (DART Police), Kim Nesbitt (Dallas County District Attorney's Office) Doug Denton (Homeward Bound), Sara Galvez (Parkland HOMES), Erin Moore (Commissioner Daniel's Office), Erica McDaniel (Commissioner Daniel's Office), Dr. Jennifer Gonzalez (MMHPI), Kurtis Young (Parkland Hospital), Joli Robinson (MDHA), John Wilson (Parkland Hospital), Michaela Himes (Dallas County Public Defender's Office), and Tzegabrhan Kidane (Commissioner Daniel's Office)

Committee Reports:

Executive Committee

- Ron Stretcher updated about the MOU has been signed by all parties except Parkland Hospital, and their signature is pending.
- Jon Fortune has drafted a letter of support for the City of Dallas and it should be received soon.

Financial (Budget)

- Marsha Edwards shared a copy of the budget and provided an overview.
- She highlighted the grant funds that are available and things that will be covered by Senate Bill 292 funds.

Data/Goals and Objectives/Policies and Procedures:

- Marsha Edwards inquired the location of the LEA pick-up of the Dallas Deflects clients, in order to collect this data on the form that will be used gather data and evaluate trends related to those being eligible for offense.
- Chief Matt Walling stated to officers should list the location of the offense and the officer can list address. Kurtis Young stated that cross streets may be listed if the exact address is not listed.
- Ron Stretcher and Dr. Gonzalez provided an update on the data evaluation MOU and they are trying to determine how to best access the data points that are needed to complete the data evaluation.
- Ron suggested regathering the Data Sub-Committee group to look at the needs and data points in more depth.

Marketing:

- Dr. Daniel shared that on October 19th the Dallas County Commissioner's Court will be presenting a resolution about Dallas Deflects.
- The group discussed the official name of the Deflection Center. The Executive Committee will meet to discuss this further.

Police Procedure and Training:

- Julie Turnbull reported that Lt. Igo went to Homeward Bound and had a tour to ensure the training captures all needs of the workflow and LEA needs.
- Lt. Igo is finishing up the training bulletin and working on the training video.

Policy and Procedures:

- Dave Hogan stated that they are working to add additional details into the Policy and Procedures for the intake and discharge process.

Security

- Dave reported that they are moving forward with hiring Allied Security. They will bring them on soon while construction is being completed and to begin training.

Connection with Community Partners:

- Dave Hogan will be meeting with MDHA regarding community partners and utilizing housing vouchers for boarding homes for clients served at Dallas Deflects.

Medical

- Parkland Hospital continues to work closely with Dallas County Facilities and Homeward on the renovation process and getting set for when Dallas Deflects opens. They are working to hire staff and finalizing internally processes.

Facilities

- Doug Denton shared about the construction progress and shared pictures of the project to date. He stated that the construction continues to move along quickly.
- There was a slight delay with the City Inspector wanting to adjust some of the hiring to make it hospital grade.
- Doug stated that he will invite others to come and see the construction once the walls are put up.
- Daniel Cherry stated that construction is still anticipated on being completed by the end of November.
- Doug reporting that furniture should be arriving in mid-December.

Other Updates:

- The Judicial Summit on Mental Health Conference will be taking place on October 14-15. It is free to attend virtually, and registration is still open. This year they are focusing on limiting the state hospital waitlist.
- Ron Stretcher acknowledged the opening of the new St. Jude's housing community and the work of Dallas County to allow it to be completed and opened. This new facility has approximately 180 units that will be utilized to house homeless individuals in Dallas County.

The next Dallas Deflects planning meeting will be held on Monday, November 8th from 2:00pm-3:00pm via Teams.

Dallas Deflects Organizing Committee
November 15, 2021
Meeting Notes

Attendees: Dr. Theresa Daniel (Dallas County Commissioner), Dr. Michael Noyes (UNT Dallas), Ron Stretcher (MMHPI), Kim Nesbitt (Dallas County District Attorney's Office), Dr. Aaron Nartula (UNT Dallas), Lee Pierson (Dallas County District Attorney's Office), Daniel Cherry (Dallas County Facilities), Crystal Garland (Dallas County Criminal Justice Department), LaShonda Jefferson (Dallas County Criminal Justice Department), Laura Edmonds (Dallas County Criminal Justice Department), Deacon Charlie Stump (Dallas Catholic Diocese), Deborah Hill (Dallas County Criminal Justice Department), Deputy Chief Edward Addison (DART Police), Erica McDaniel (Commissioner Daniel's Office), Chief Richard Roebuck (Dallas County Hospital District Police), Marsha Edwards (Dallas County District Attorney's Office), Lt. Monica Igo (Dallas Police Department), Julie Turnbull (Dallas County District Attorney's Office), Dave Hogan (Homeward Bound), Gary Lindsey (Dallas Marshal), Jessica Martinez (NTBHA), Dr. Ronica Watkins (Dallas County Office of Budget and Evaluation), Michaela Himes (Dallas County Public Defender's Office), Tzegabrhan Kidane (Commissioner Daniel's Office), Charlene Randolph (Dallas County Criminal Justice Department), and Miguel Canales (Dallas County Criminal Justice Department)

Committee Reports:

Executive Committee

- Ron Stretcher updated about the MOU has been completed and the letter of support from the City of Dallas has been received.
- The Executive Committee met on November 1, 2021 and discussed the naming of the Deflection Center. No decision was made, and it was determined to revisit this at a later date.

Financial (Budget)

- Marsha Edwards reported they are working on budget adjustments for the grant and will continue to evaluate the budget as it gets closer to the

Data/Goals and Objectives/Policies and Procedures:

- Marsha Edwards stated they are finalizing the MOU with MMHPI regarding the data research of the Deflection Center.
- The MOU with Allied Security, the security vendor selected for Dallas Deflects, is being worked on and should be on the Commissioners Court agenda soon.
- A meeting will take place on November 17th to review the workflow of Dallas Deflects to update and ensure all processes are in place.

Marketing:

- No additional updates currently.

Police Procedure and Training:

- Lt. Monica Igo reported that the group recently met before the recording the training video begins.
- Final decisions are being made regarding if the individual is potentially under the influence of drugs and/or alcohol, and if it will be documented in the police report that Dallas Deflects was offered. Jessica Martinez with NTBHA commented that it is important to consider and triage if the individual is under the influence of drugs and/or alcohol and could inhibit his/her ability to consent to voluntary treatment.
- If medical detox is needed, this will need to be addressed differently. There will be follow-up discussion on this.
- Lt. Igo inquired if there will be a point of contact at Dallas Deflects for the officer if they are unsure if someone is eligible for deflection. This will be revisited during the meeting on November 17th.
- They are continuing to explore how to partner with the Right Care Team and how to best utilize the NTBHA care coordinator housed at 911 dispatch.

Policy and Procedures:

- Lee Pierson reported that the group finalized the policies and procedures for Dallas Deflects, and that no further action is needed from this sub-committee at this time. The policies and procedures will be reevaluated once Dallas Deflects opens.

Security

- Dave reported that they are moving forward with hiring Allied Security. They are now onsite from 6:00pm-6:00am to help monitor the Dallas Deflects wing as it is under construction. The officers onsite will be the ones assigned to Dallas Deflects once it opens.

Connection with Community Partners:

- Dave Hogan reported that he met with Dr. Michael Noyes and Dr. Aaron Bartula from UNT Dallas and they are able to partner to provide student interns for the deflection center.
- Dave also stated that he is exploring resources regarding employment, specifically for those impacted by the criminal justice system.
- Homeward Bound is looking to connect with Austin Street Shelter regarding their medical respite beds and their facilitation of the Dallas Connector to aid in transportation to other community care.
- Homeward Bound now has a FUSE Housing Navigator.
- Jessica Martinez reported that NTBHA was awarded \$5 million to assist with housing individuals. The target population are those coming through Dallas Deflects and will aid with up to 18 months, and it will be able to fund housing directly, even for those with SUD only.

Medical

- No update provided.

Facilities

- Dave Hogan provided construction picture updates and he reported that the insulation of the rooms is being worked on this week along with the door for police entrance.
- They will also be developing dedicated parking spots for law enforcement.
- Dave Hogan stated that construction is not anticipated to be completed until January.
- Daniel Cherry reported that the ceiling tiles, lighting, and doors are finishing up this week, along with painting. He reported that construction continues to proceed well.

Other Updates:

- None reported.

The next Dallas Deflects planning meeting will be held on Monday, December 13^h from 1:30pm-2:30pm via Teams.

HOUSE COMPANION BILLS

[HR 432](#)-Thompson (D-CA). Mental Health Access and Improvement Act of 2021.

Amends Title XVIII of Social Security Act to provide marriage and family therapy and mental health counseling services under Medicare-Part B, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and hospice programs. Authorizes marriage and family therapists and mental health counselors to develop hospital discharge plans. HR 432 was referred to House Energy and Commerce Committee's Subcommittee on Health and House Ways and Means Committee. Companion: [S 828](#)-Barrasso (R-WY) Referred to Senate Finance Committee.

[HR 433](#)-Trone (D-MD). Family Support Services for Addiction Act of 2021.

Establishes a grant program for family community organizations that support individuals and families affected by substance use disorder. Passed House on April 15, 2021 and sent to Senate, where it was referred to the Health, Education, Labor and Pensions (HELP) Committee. Companion: [S 485](#)-Gillibrand (D-NY) Referred to Senate HELP Committee.

[HR 586](#)-Peters (D-CA). Suicide Training and Awareness Nationally Delivered for Universal Prevention (STAND UP) Act of 2021. Amends Public Health Service Act to direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to add student suicide awareness and prevention training policies that are evidence-based, culturally and linguistically appropriate for grades 6 through 12. Training to be provided annually and must include warning signs of self-harm or suicidal ideation, methods and resources for seeking help. May be delivered via in-person, digital, or train-the-trainer models. Annual report from recipient states or agencies required. HR 586 passed House on May 12, 2021 and sent to Senate HELP Committee. Companions: [S 1391](#)-Kennedy (R-LA), [S 1543](#)-Hassan (D-NH). A Committee Substitute for S 1543 was reported from Senate HELP Committee and placed on the Senate Legislative Calendar on September 21, 2021. S 1543 was reported from Senate HELP Committee and was placed on Senate Calendar on September 21, 2021, with no further action.

[HR 654](#)-Joyce (R-OH). Drug-Free Communities Pandemic Relief Act. Allows Drug-Free Communities grants to be renewed even if the grantee organization is unable to raise matching funds or in-kind contributions due to conditions related to the COVID-19 public health emergency. HR 654 passed the House, sent to Senate Judiciary Committee.

Companion: [S 26](#)-Portman (R-OH). Referred to Senate Judiciary Committee.

[HR 708](#)-Latta (R-OH). TREAT ACT-Temporary Reciprocity to Ensure Access to Treatment Act.

Provides temporary licensing reciprocity for telehealth and interstate health care treatment until 180 days after the end of the COVID-19 public health emergency. Referred to House Energy and Commerce Committee, Subcommittee on Health. Companion: [S 168](#)-Murphy (D-CT) Referred to Senate HELP.

This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact Sabrina Conner at sconner@ntbha.org or Janie Metzinger at jmetzinger@ntbha.org.

[HR 721](#)-Napalitano (D-CA). Mental Health for Students Act-2021. Companion: [S 1841](#)-Smith (D-MN). Appropriates \$130 million per year for fiscal years 2022 through 2025 for SAMHSA grants to provide comprehensive school-based mental health services to assist children dealing with trauma, grief, bereavement, risk of suicide and violence. HR 721 passed House in May, sent to Senate HELP.

[HR 925](#)-Davids (D-KS). Data to Save Moms Act. Authorizes \$10 million for each fiscal year 2022 through 2026 for maternal mortality and morbidity review committees, outreach and community engagement efforts including reviewing deaths and severe maternal morbidity during pregnancy or up to one year after the end of a pregnancy, including deaths or morbidity due to suicide, mental health conditions, overdose or substance use disorder. Reported favorably from House Energy and Commerce Subcommittee on Health to the full E&C Committee on July 15, 2021. Companion: [S 347](#) (Smith (D-MN) sent to Senate HELP.

[HR 955](#)-Tonko (D-NY). Medicaid Re-Entry Act 2021. Allows States to make Medicaid available to inmates in the 30-day period prior to release, including behavioral health services. Referred to House Energy and Commerce Committee. Companion: [S 285](#) (Baldwin-D-WI) sent to Senate Finance.

[HR 958](#)-Underwood (D-IL). Protecting Moms Who Served Act. Companion: S 796-Duckworth (D-IL) Establishes maternity care coordination programs for pregnant and postpartum veterans, including services for mental and behavioral health. Appropriates \$15 million for FY 2022 to establish program. Requires report after two years. S 796 passed both chambers and was signed by the President. Public Law 117-69.

[HR 1205](#)-Ruiz (D-CA) Improving Mental Health Access in the Emergency Department Act 2021. Authorizes SAMHSA to award grants for innovative approaches for prompt access to appropriate follow-up care for individuals presenting in an emergency department with acute mental health symptoms. Appropriates \$15 million for each fiscal year 2022-2026. Passed House on May 12, 2021 and sent to Senate HELP Committee. Companion: [S. 2157](#) (Capito D-WV) also at Senate HELP as of 6-22-21.

[HR 1324](#)-Bilirakis (R-FL) Effective Suicide Screening and Assessment in the Emergency Department Act. Establishes a grant program to improve identification, assessment, and treatment of patients in emergency departments who are at risk of suicide. Appropriates \$20 million for fiscal years 2022 through 2026. Up to 40 grants would be awarded to hospitals in geographic areas with suicide rates higher than the national average. HR 1324 passed House May 12 and was referred to Senate HELP Committee. Companion: [S. 467](#)-Murkowski (R-AK) was sent to Senate HELP on 2-25-21.

[HR 1384](#)-Tonko (D-NY). Mainstreaming Addiction Treatment Act 2021. Amends Controlled Substances Act to eliminate the separate registration requirement for dispensing narcotic drugs in Schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment. Directs SAMHSA to conduct a national education campaign to educate practitioners regarding changes in the statute. Amends Controlled Substances Act regarding telemedicine, adding community health aides or community health practitioners to the statute. Pre-empts state laws regarding licensure of community health aides or community health practitioners to dispense narcotic drugs. HR 1384 referred to Energy and Commerce Committee-Subcommittee on Health, Judiciary Committee-Subcommittee on Crime, Terrorism and Homeland Security, and Ways and Means Committees. Companion: [S 445](#)-Hassan (D-NH) sent to Senate HELP.

[HR 1448](#)-Stivers (R-OH). Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act. Establishes a pilot program on dog training therapy and to provide service dogs to veterans with mental illness as a complementary and integrative health program. Companion: [S 613](#)-Tillis (R-OH). HR 1448 passed House and Senate and became Public Law 117-37 on August 25, 2021.

[HR 1475](#) Watson-Coleman (D-NJ). Pursuing Equity in Mental Health Act. Establishes an Integrated Health Care Demonstration Program.

- Authorizes National Institutes of Health (NIH) and National Institute on Minority Health and Health Disparities (NIMHHD) to award grants to Federally Qualified Health Centers (FQHCs) rural health clinics or behavioral health programs serving a high proportion of individuals from racial and ethnic minority groups.
- Directs NIH to contract a study on mental health disparities and submit results to Congress.
- Awards grants to develop health professional educational programs to improve competencies related to mental health disparities. Directs HHS to develop and implement outreach and education strategies to promote behavioral health and reduce stigma among racial and ethnic minority groups.
- Appropriates \$100 million for each fiscal year 2022 through 2026 to NIH and \$650 million for the same period to NIMHHD.

HR 1475 passed House and sent to Senate HELP. Companion: [S 1795](#) Menendez (D-NJ) sent to HELP.

[HR 1899](#)-Griffith (R-VA). Ensuring Compliance Against Drug Diversion Act. Amends Controlled Substances Act to specify conditions that terminate a registration to manufacture, distribute, or dispense controlled substances or List I chemicals when the registrant dies, ceases legal existence, discontinues business or professional practice, or surrenders the registration. Requires prompt notification of Attorney General. Companion: [S 1286](#)-Cornyn (R-TX). HR 1899 has passed both chambers and was signed by the President on November 10, 2021. Became Public Law 117-53.

[HR 2051](#)-Peters (D-CA) and Curtis (R-UT). Methamphetamine Response Act 2021.

Declares methamphetamine as an emerging drug threat for purposes of the National Drug Control Policy Reauthorization Act. Current Status: Favorably reported from House Energy and Commerce July 21, 2021. Companion: [S 854](#)-Feinstein (D-CA) referred to Senate Judiciary.

[HR 2877](#)-Ferguson (R-GA). Behavioral Intervention Guidelines Act 2021.

Directs HHS to develop best practices for behavioral health crisis intervention in elementary and secondary schools, and institutions of higher education. Passed House May 13, 2021. Sent to Senate, referred to Senate HELP. Companion: [S 1383](#)-Cornyn (R-TX), also at Senate HELP.

[HR 2981](#)-Katko (R-NY). Suicide Prevention Lifeline Improvement Act 2021. Directs HHS to develop and implement a plan to provide high quality service of hotline call centers, crisis centers.

Companion: [S 2425](#) Reed (D-RI) was favorably referred by Senate HELP and sent to the General Calendar on September 21, 2021.

[HR 3743](#)-Hudson (R-NC). Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act. Increases funding from “\$500,000 and not more than \$1,250,000” to “\$1,250,000 and not more than \$5,000,000”. Companion: [S 1662](#)-Lujan (D-NM) passed the Senate on June 24, 2021, was sent to the House on June 28, where it has been ‘held at the desk’, which would allow bypassing referral to committee for S 1662 when the companion bill HR 3743 is reported to the whole House. HR 3743 was reported from the Energy and Commerce Committee on July 21, 2021. It was debated on the House Floor on November 30, but further proceedings were postponed.

[HR 4341](#)-Trone (D-MD) Comprehensive Addiction and Recovery Act (CARA 3.0)

Title I-Education, Prevention and Research

- National Education Campaign-broadens the scope of national education campaigns to add other controlled substances to educational campaigns that were formerly directed toward opioid use only.
- Authorizes research on non-opioid and non-pharmaceutical methods of pain management.
- Authorizes HHS to award research grants on long-term treatment and recovery support.
- Establishes a National Commission for Excellence on Post-Overdose Response.
- Authorizes \$55 million in grants for employment and training for substance use disorder professionals, specifically including peers.
- Authorizes \$10 million per year for fiscal years 2020 through 2026 for community-based coalitions to address local drug crises.
- Requires access to non-opioid treatments for pain and a separate payment for non-opioid pain treatment.
- Requires report to Congress regarding limitations, gaps, barriers to access, deficits in coverage under Medicare, or reimbursement for restorative therapies, behavioral approaches, complementary and integrative health services regarding pain management best practices.

Title II-Treatment

- Increases appropriations for evidence-based SUD treatment and intervention demonstration grants from \$25 million to \$300 million per year for fiscal years 2022 through 2026.
- Increases appropriations for grants to improve treatment for pregnant, postpartum, and parenting women from \$29.9 million to \$100 million per year for fiscal years 2022 through 2026.
- Requires use of prescription drug monitoring programs in states that receive funds under the Harold Rogers Prescription Drug Monitoring Program.
- Requires prescriber education to dispense Schedule II, III, IV, or V drugs.
- Prohibits Medicaid utilization control policies or procedures for Medication Assisted Treatment (MAT).
- Amends Controlled Substance Act regarding MAT.
- Provides funding to CMS for the testing of incentive payments to behavioral health providers for adoption and use of certified electronic health record technology.
- Allows Medicare reimbursement for audio-only or telephone-only telehealth services for treatment of substance use disorders in cases in which the physician or practitioner has already conducted an in-person evaluation, or an electronic telehealth visit using both audio and video.
- Establishes a five-year pilot program in five diverse regions to study mobile methadone clinics in rural and underserved areas. Requires a report to Congress.
- Reauthorizes the SAMHA Practitioner Education Grant Program.

HR 4341-continued

- Directs the General Accounting Office to conduct a study of reimbursement parity of SUD services compared to other health care services. Report due to Congress by December 31, 2023.
- Establishes a pilot program for State alcohol and drug agencies to address SUD prevention workforce.
- Authorizes a national study of the SUD prevention workforce including demographics, salaries, settings, shortages, challenges, plans to address challenges, and needed programming.

Title III-Recovery

- Authorizes \$50 million in grants for each fiscal year 2022 through 2027 for regional technical assistance centers to help peer-delivered SUD recovery support services, recovery community organizations and centers, Naloxone training and distribution, online recovery support services, recovery wellness plans (including social determinants of health), data collection, and capacity building.
- Promotes recovery in the workplace. “It is the sense of Congress that an employee who is taking opioid antagonist, opioid agonist, or partial agonist drugs as part of a medication-assisted treatment program shall not be in violation of a drug-free workplace requirement.”
- Establishes a National Youth and Young Adult Recovery Initiative for high schools and institutions of higher education to provide technical assistance for recovery support services, recovery coaching, job training, transportation, links to community-based services and support, scheduled alternative peer group activities, life-skills, mentoring and leadership development.
- Directs SAMHSA to develop guidelines for States to promote quality recovery housing.
- Clarifies SAMHSA’s role in promoting availability of high-quality recovery housing. Directs SAMHSA to collaborate with all relevant federal agencies including Bureau of Indian Affairs (BIA), CMS, Health Resources and Services Administration (HRSA), HHS, Office of National Drug Control Policy (ONDCP), Department of Justice (DOJ), Housing and Urban Development (HUD), and Department of Agriculture (USDA).
- Establishes an inter-agency workgroup composed of the above agencies to increase collaboration, cooperation, and consultation, align efforts, avoid duplication, develop objectives, priorities, long-term plans, coordinate inspection, enforcement, and data collection on quality recovery housing.
- Authorizes \$1.5 million in FY 2022 for a study by SAMHSA and the National Academies of Sciences, Engineering and Medicine on quality and effectiveness of recovery housing. Report due in 18 months. Authorizes a follow-up study of identified research and data gaps.
- Appropriates \$10 million for each fiscal year 2023 through 2027 for recovery housing.

Title IV-Criminal Justice

- Directs DOJ and HHS to establish a Medication-Assisted Treatment Corrections and Community Re-entry Program that provides grants and cooperative agreements with States or local governments to develop, implement or expand MAT for incarcerated individuals with opioid use disorder (OUD).
- Authorizes \$30 million for a five-year grant to an entity with significant experience working with law enforcement, community-based treatment and human services providers to help States and local governments develop or administer deflection and diversion programs using the pathways of self-referral, active outreach, ‘Naloxone-Plus’ (engagement of an individual in treatment through follow-up by a law enforcement officer or other first responder), ‘officer prevention referral’ in lieu of filing criminal charges, and ‘officer intervention referral’ (criminal charges may be issued or held in abeyance).

HR 4341-continued

- Adds SUD to mental health to provisions related to Veterans Treatment Courts in the Omnibus Control and Safe Streets Act of 1968.
- Amends the Community Services Block Grant Act, the Housing and Community Development Act of 1974, and the Consolidated Farm and Rural Development Act to allow Community Economic Development Grants and to fund construction of treatment facilities for behavioral health, supportive housing or re-entry centers.

HR 4341 was referred to six House Committees: Agriculture (Subcommittee on Commodity Exchanges, Energy and Credit), Energy and Commerce, Education and Labor, Financial Services, Judiciary, and Ways and Means. Companion: [S 987](#)-Portman (R-OH) referred to Senate HELP Committee.

[HR 4387](#)-Kelly (D-IL) and Burgess (R-TX). Maternal Health Quality Improvement Act.

- Appropriates \$9 million per year for fiscal years 2022 through 2026 for grants to identify, develop and disseminate best practices to improve maternal health care quality and outcomes and to eliminate preventable maternal mortality and severe maternal morbidity.
- Appropriates \$ 5 million per year for fiscal years 2022 through 2026 for grants to accredited schools of medicine for training of health care providers on best practices.
- Directs HHS to conduct a study best-practices relating to prenatal, delivery and postpartum care including minority populations and perceptions and biases that may affect care.
- Directs CDC to establish a competitive grant program to establish and support perinatal quality collaboratives that include mental health care. Requires a report to Congress
- Appropriates \$10 million per year for each fiscal year 2022 through 2026 to State, Tribal and local agencies, health care providers, and community-based health organizations to provide integrated services for pregnant and postpartum women including mental health and SUD services.
- Adds preventable maternal mortality and severe maternal morbidity to maternal and obstetric care data collected by the Public Health Service (PHS).
- Appropriates \$3 million per year for each fiscal year 2022 through 2026 for Rural Obstetric Network Grants.
- Appropriates \$5 million per year for fiscal years 2022 through 2026 for Rural Maternal and Obstetric Care Demonstration Grants to include training on maternal mental health, perinatal depression and anxiety, SUD, social determinants of health in rural areas, improving maternal care for racial and ethnic minorities. Requires data collection and a report to Congress.

HR 4387 was referred to House Energy and Commerce Committee, and was favorably reported 7-21-21.

Companion: [S 1675](#) (D-GA) was favorably reported from Senate HELP Committee on June 8, 2021.

The following section entitled “Senate Companion Bills” contains the same information as the section above entitled “House Companion Bills”. Though it is duplicative, it is included to assist the reader in finding Senate bills by number should the need arise. A review of House bills with no Senate companion begins on page 12. A review of Senate bills with no House companion begins on page 15. A Glossary of Abbreviations may be found on page 19.

SENATE COMPANION BILLS

[S 26](#)-Portman (R-OH). Drug-Free Communities Pandemic Relief Act. Allows Drug-Free Communities grants to be renewed even if the grantee organization is unable to raise matching funds or in-kind contributions due to conditions related to the COVID-19 public health emergency. Referred to Senate Judiciary Committee. Companion: [HR 654](#)-Joyce (R-OH) passed the House on 10-20-21, sent to Senate Judiciary Committee.

[S 168](#)-Murphy (D-CT) TREAT ACT-Temporary Reciprocity to Ensure Access to Treatment Act. Provides temporary licensing reciprocity for telehealth and interstate health care treatment until 180 days after the end of the COVID-19 public health emergency. Referred to Senate HELP. Companion: [HR 708](#) Latta (R-OH). Referred to House Energy and Commerce Committee, Subcommittee on Health.

[S 285](#) (Baldwin (D-WI). Medicaid Re-Entry Act 2021. Allows States to make Medicaid available to inmates in the 30-day period prior to release, including behavioral health services. S 285 was referred to Senate Finance Committee. Companion: [HR 955](#)-Tonko (D-NY). Referred to House Energy and Commerce Committee.

[S 347](#)-Smith (D-MN). Data to Save Moms Act. Authorizes \$10 million for each fiscal year 2022 through 2026 for maternal mortality and morbidity review committees, outreach and community engagement efforts including reviewing deaths and severe maternal morbidity during pregnancy or up to one year after the end of a pregnancy, including deaths or morbidity due to suicide, mental health conditions, overdose or substance use disorder. S 347 referred to Senate HELP Committee. Companion: [HR 925](#)-Davids (D-KS). Reported favorably from House Energy and Commerce Subcommittee on Health to the full Committee on July 15, 2021.

[S 445](#)-Hassan (D-NH). Mainstreaming Addiction Treatment Act 2021. Amends Controlled Substances Act to eliminate the separate registration requirement for dispensing narcotic drugs in Schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment. Directs SAMHSA to conduct a national education campaign to educate practitioners regarding changes in the statute. Adds community health aides or community health practitioners to telemedicine provisions of the statute. Pre-empts state laws regarding licensure of community health aides or community health practitioners to dispense narcotic drugs. Referred to Senate HELP Committee. Companion: [HR 1384](#) referred to House Energy and Commerce Committee-Subcommittee on Health, and House Judiciary Committee-Subcommittee on Crime, Terrorism and Homeland Security, and House Ways and Means Committees.

[S. 467](#)-Murkowski (R-AK). Effective Suicide Screening and Assessment in the Emergency Department Act 2021. Establishes a grant program to improve identification, assessment, and treatment of patients in emergency departments who are at risk of suicide. Appropriates \$20 million for fiscal years 2022 through 2026. Up to 40 grants would be awarded to hospitals in geographic areas with suicide rates higher than the national average. Referred to Senate HELP. Companion: [HR 1324](#)-Bilirakis (R-FL) passed House May 12 and was referred to Senate HELP.

[S 485](#)-Gillibrand (D-NY). Family Support Services for Addiction Act of 2021.

Establishes a grant program for family community organizations that support individuals and families affected by substance use disorder. Referred to Senate HELP Committee. Companion: [HR 433](#)-Trone (D-MD). Passed House on May 12, 2021 and sent to Senate, where it was referred to HELP.

[S 613](#)-Tillis (R-OH). Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act. Establishes a pilot program on dog training therapy and to provide service dogs to veterans with mental illness as a complementary and integrative health program. Companion: [HR 1448](#)-Stivers (R-OH) passed House and Senate and became Public Law 117-37 on August 25, 2021.

[S 796](#)-Duckworth (D-IL). Protecting Moms Who Served Act. Companion: HR 958-Underwood (D-IL). Establishes maternity care coordination programs for pregnant and postpartum veterans, including services for mental and behavioral health. Appropriates \$15 million for FY 2022. Requires report after two years. S 796 passed both chambers, signed by the President November 30. Became Public Law 117-69.

[S 828](#)-Barrasso (R-WY). Mental Health Access and Improvement Act of 2021. Amends Title XVIII of Social Security Act to provide marriage and family therapy and mental health counseling services under Medicare-Part B, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and hospice programs. Authorizes marriage and family therapists and mental health counselors to develop hospital discharge plans. Referred to Senate Finance Committee. Companion: [HR 432](#)-Thompson (D-CA). Referred to House Energy and Commerce Committee and House Ways and Means Committee.

[S 854](#)-Feinstein (D-CA). Methamphetamine Response Act 2021.

Declares methamphetamine as an emerging drug threat for purposes of the National Drug Control Policy Reauthorization Act. S 854 referred to Senate Judiciary Committee. Companion: [HR 2051](#)-Peters (D-CA) and Curtis (R-UT). Favorably reported from House Energy and Commerce July 21, 2021.

[S 987](#)-Portman (R-OH). Comprehensive Addiction and Recovery Act (CARA 3.0)

Title I-Education, Prevention and Research

- National Education Campaign-broadens the scope of national education campaigns to add other controlled substances to educational campaigns that were formerly directed toward opioid use only.
- Authorizes research on non-opioid and non-pharmaceutical methods of pain management.
- Authorizes HHS to award research grants on long-term treatment and recovery support.
- Establishes a National Commission for Excellence on Post-Overdose Response.
- Authorizes \$55 million in grants for employment and training for substance use disorder professionals, specifically including peers.
- Authorizes \$10 million per year for fiscal years 2020 through 2026 for community-based coalitions to address local drug crises.
- Requires access to non-opioid treatments for pain and a separate payment for non-opioid pain treatment.
- Requires report to Congress regarding limitations, gaps, barriers to access, deficits in coverage under Medicare, or reimbursement for restorative therapies, behavioral approaches, complementary and integrative health services regarding pain management best practices.

S 987-continued

Title II-Treatment

- Increases appropriations for evidence-based SUD treatment and intervention demonstration grants from \$25 million to \$300 million per year for fiscal years 2022 through 2026.
- Increases appropriations for grants to improve treatment for pregnant, postpartum, and parenting women from \$29.9 million to \$100 million per year for fiscal years 2022 through 2026.
- Requires use of prescription drug monitoring programs in states that receive funds under the Harold Rogers Prescription Drug Monitoring Program.
- Requires prescriber education to dispense Schedule II, III, IV, or V drugs.
- Prohibits Medicaid utilization control policies or procedures for Medication Assisted Treatment (MAT).
- Amends Controlled Substance Act regarding MAT.
- Provides funding to CMS for the testing of incentive payments to behavioral health providers for adoption and use of certified electronic health record technology.
- Allows Medicare reimbursement for audio-only or telephone-only telehealth services for treatment of substance use disorders in cases in which the physician or practitioner has already conducted an in-person evaluation, or an electronic telehealth visit using both audio and video.
- Establishes a five-year pilot program in five diverse regions to study mobile methadone clinics in rural and underserved areas. Requires a report to Congress.
- Reauthorizes the SAMHA Practitioner Education Grant Program.
- Directs the General Accounting Office to conduct a study of reimbursement parity of SUD services compared to other health care services. Report due to Congress by December 31, 2023.
- Establishes a pilot program to assist State alcohol and drug agencies to address SUD prevention workforce.
- Authorizes a national study of the SUD prevention workforce including demographics, salaries, settings, shortages, challenges, plans to address challenges, and needed programming.

Title III-Recovery

- Authorizes \$50 million in grants for each fiscal year 2022 through 2027 for regional technical assistance centers to help peer-delivered SUD recovery support services, recovery community organizations and centers, Naloxone training and distribution, online recovery support services, recovery wellness plans including social determinants of health, data collection, and capacity building.
- Promotes recovery in the workplace. “It is the sense of Congress that an employee who is taking opioid antagonist, opioid agonist, or partial agonist drugs as part of a medication-assisted treatment program shall not be in violation of a drug-free workplace requirement.”
- Establishes a National Youth and Young Adult Recovery Initiative for high schools and institutions of higher education to provide technical assistance for recovery support services, recovery coaching, job training, transportation, links to community-based services and support, scheduled alternative peer group activities, life-skills, mentoring and leadership development.
- Directs SAMHSA to develop guidelines for States to promote the availability of high-quality recovery housing. State grantees must adhere to guidelines.
- Clarifies SAMHSA’s role in promoting availability of high-quality recovery housing. Directs SAMHSA to collaborate with all relevant federal agencies including BIA, CMS, HRSA, HHS, ONDCP, DOJ, HUD, and USDA.

S 987-continued

Title III-Recovery-continued

- Establishes an inter-agency workgroup composed of the above agencies to increase collaboration, cooperation and consultation, align efforts, avoid duplication, develop objectives, priorities and long-term plans, coordinate inspection, enforcement and data collection on quality recovery housing.
- Authorizes \$1.5 million in FY 2022 for a study by SAMHSA and the National Academies of Sciences, Engineering and Medicine on quality and effectiveness of recovery housing. Report due in 18 months. Authorizes a follow-up study of identified research and data gaps.
- Appropriates \$10 million for each fiscal year 2023 through 2027 for recovery housing.

Title IV-Criminal Justice

- Directs DOJ and HHS to establish a Medication-Assisted Treatment Corrections and Community Re-entry Program that provides grants and cooperative agreements with States or local governments to develop, implement or expand MAT for incarcerated individuals with OUD.
- Authorizes \$30 million for a five-year grant to an entity with significant experience working with law enforcement, community-based treatment and human services providers to help States and local governments develop or administer deflection and diversion programs using the pathways of self-referral, active outreach, ‘Naloxone-Plus’ (engagement of an individual in treatment through follow-up by a law enforcement officer or other first responder), ‘officer prevention referral’ in lieu of filing criminal charges, and ‘officer intervention referral’ in which criminal charges may be issued or held in abeyance.
- Adds SUD to mental health to provisions related to Veterans Treatment Courts in the Omnibus Control and Safe Streets Act of 1968.
- Amends the Community Services Block Grant Act, the Housing and Community Development Act of 1974, and the Consolidated Farm and Rural Development Act to allow Community Economic Development Grants and to fund construction of treatment facilities for behavioral health, supportive housing or re-entry centers.

S 987-Portman (R-OH) referred to Senate HELP Committee. Companion: [HR 4341](#) Trone (D-MD) was referred to six House Committees: Agriculture (Subcommittee on Commodity Exchanges, Energy and Credit), Energy and Commerce, Education and Labor, Financial Services, Judiciary, and Ways and Means.

[S 1286](#)-Cornyn (R-TX). Ensuring Compliance Against Drug Diversion Act. Amends Controlled Substances Act to specify conditions that terminate registration to manufacture, distribute, or dispense controlled substances or List I chemicals when the registrant dies, ceases legal existence, discontinues business or professional practice, or surrenders the registration. Requires prompt notification of Attorney General. Referred to Senate Judiciary Committee. Companion: [HR 1899](#)-Griffith (R-VA) has passed the House and Senate and was signed by the President November 10, 2021. Became Public Law 117-53.

[S 1383](#)-Cornyn (R-TX) Behavioral Intervention Guidelines Act 2021. Directs HHS to develop best practices for behavioral health crisis intervention in elementary and secondary schools, and institutions higher of education. Companion: [HR 2877](#)-Ferguson (R-GA). Passed House May 13. Sent to Senate, referred to Senate HELP.

[S 1502](#)-Cortez-Masto (D-NV) COPS Counseling Act. Companion: [HR 3070](#)-Trone (D-MD). Passed both chambers, signed by President November 18, 2021. Became Public Law 117-60.

[S 1511](#)-Grassley (R-IA) Protecting America’s First Responders Act. Companion: [HR 2936](#) Pascrell (D-NJ). Establishes Public Safety Officers Death Benefits Program and educational assistance for dependents related to the COVID-19 pandemic. Expires at the end of the public health emergency or December 31, 2023, whichever comes first. [S 1511](#) passed both chambers, signed by President on November 18, 2021. Became Public Law 117-61.

[S 1662](#)-Lujan (D-NM). Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act. Increases funding from “\$500,000 and not more than \$1,250,000 to “\$1,250,000 and not more than \$5,000,000”. [S 1662](#)-Lujan (D-NM) passed the Senate on June 24, 2021, was sent to the House on June 28, where it has been ‘held at the desk’, which will allow earlier action on the floor, bypassing referral to committee for [S 1662](#) when the companion bill [HR 3743](#) is reported to the whole House. Companion: [HR 3743](#)-Hudson (R-NC) was favorably from the Energy and Commerce Committee on July 21, 2021. It was debated on the floor of the House on November 30, 2021, but further proceedings were postponed.

[S 1675](#)-Warnock (D-GA). Maternal Health Quality Improvement Act.

- Appropriates \$9 million per year for fiscal years 2022 through 2026 for grants to identify, develop and disseminate best practices to improve maternal health care quality and outcomes and to eliminate preventable maternal mortality and severe maternal morbidity.
- Appropriates \$5 million per year for fiscal years 2022 through 2026 for grants to accredited schools of medicine for training of health care providers in best practices.
- Directs HHS to conduct a study of best practices relating to prenatal, delivery and postpartum care including minority populations and perceptions and biases that may affect care.
- Directs CDC to establish a competitive grant program to establish and support perinatal quality collaboratives that include mental health care. Requires a report to Congress
- Appropriates \$10 million per year for each fiscal year 2022 through 2026 to State, Tribal and local agencies, health care providers, and community-based health organizations to provide integrated services for pregnant and postpartum women including mental health and SUD services.
- Adds preventable maternal mortality and severe maternal morbidity to maternal and obstetric care data collected by the Public Health Service.
- Appropriates \$3 million per year for each fiscal years 2022-2026 for Rural Obstetric Network Grants.
- Appropriates \$5 million per year for fiscal years 2022 through 2026 for Rural Maternal and Obstetric Care Demonstration Grants to include training on maternal mental health, perinatal depression and anxiety, SUD, social determinants of health in rural areas, improving maternal care for racial and ethnic minorities. Requires data collection and a report to Congress.

[S 1675](#) (D-GA) was favorably reported from Senate HELP Committee on June 8, 2021.

Companion [HR 4387](#) was favorably reported from House Energy and Commerce Committee on July 21.

[S 1795](#) Menendez (D-NJ) Pursuing Equity in Mental Health Act. Establishes an Integrated Health Care Demonstration Program. Authorizes National Institutes of Health (NIH) and National Institute on Minority Health and Health Disparities (NIMHHD) to award grants to Federally Qualified Health Centers (FQHCs) rural health clinics or behavioral health programs serving a high proportion of individuals from racial and ethnic minority groups. Directs NIH to contract a study on mental health disparities and submit results to Congress. Awards grants to develop health professional educational programs to improve competencies related to mental health disparities. Directs HHS to develop and implement outreach and education strategies to promote behavioral health and reduce stigma among racial and ethnic minority groups. Appropriates \$100 million for each fiscal year 2022 through 2026 to NIH and \$650 million for the same period to NIMHHD. S 1795 was referred to HELP. Companion: [HR 1475](#) Watson-Coleman (D-NJ) passed the House and has been sent to Senate HELP 5-13-21.

[S 1841](#)-Smith (D-MN). Mental Health for Students Act-2021. Appropriates \$130 million per year for fiscal years 2022 through 2025 for SAMHSA grants to provide comprehensive school-based mental health services to assist children dealing with trauma, grief, bereavement, risk of suicide and violence. Grants will be up to \$2 million for each fiscal year for five years. Companion: [HR 721](#)-Napalitano (D-CA) passed House, sent to Senate, referred to Senate HELP.

[S. 2157](#)-(Capito D-WV). Improving Mental Health Access in the Emergency Department Act. Authorizes SAMHSA to award grants for innovative approaches for prompt access to appropriate follow-up care for individuals presenting in an emergency department with acute mental health symptoms. Appropriates \$15 million for each fiscal year 2022-2026. S 2157 referred to Senate HELP. Companion [HR 1205](#)-Ruiz (D-CA) passed House on May 12, sent to Senate HELP May 13.

[S 2425](#) -Reed (D-RI). Suicide Prevention Lifeline Improvement Act 2021. Directs HHS to develop and implement a plan to provide high quality service of hotline call centers, crisis centers. SR 2425 was favorably referred by Senate HELP and sent to the General Calendar on September 21, 2021. Companion: [HR 2981](#)-Katko (R-NY) passed the House with amendments on May 12, 2021 and was sent to the Senate HELP Committee May 13.

HOUSE BILLS WITH NO SENATE COMPANION

[HR 768](#)-McKinley (R-WV) Block, Report, and Suspend Suspicious Shipments Act 2021. Amends Controlled Substances Act recording and maintenance of records requirements regarding due diligence regarding suspicious orders or series of orders. Passed the House, was sent to the Senate Judiciary.

[HR 1480](#)-Bera (D-CA). Helping Emergency Responders Over Come (HERO) Act. Amends the Public Health Service Act.

- Directs HHS and CDC to develop and maintain a Public Safety Officer Suicide Reporting System to collect data and facilitate the study of successful interventions to reduce suicide among public safety officers and to integrate the system into the National Violent Death Reporting System. Data cannot be used to deny benefits. Report to Congress required two years after date of enactment.
- Authorizes grants for peer-supported behavioral health and wellness programs for fire departments and emergency medical service (EMS) agencies.
- Authorizes grants for behavioral health and wellness programs for health care providers.
- Directs US Fire Administration and HHS to develop resources to educate mental health professionals about fire department and EMS culture, stressors, and challenges encountered by current and retired firefighters and EMS personnel.
- Directs HHS to develop and assemble evidence-based best practices and resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers.

HR 1480 passed the House on May 12, 2021, and was sent to the Senate HELP Committee.

[HR 2355](#)-Davis (R-IL). Opioid Prescription Verification Act 2021.

- Amends the SUPPORT for Patients and Communities Act to authorize periodic update of training materials for verification of patient identity and the identity of the person picking up prescriptions.
- Amends grant criteria incentivizing states to facilitate responsible, informed dispensing of controlled substances, giving preference to states that maintain a prescription drug monitoring program, require identification of person picking up prescription, the national drug code, the quantity dispensed, name of patient, and the date filled.

HR 2355 was reported favorably by the House Energy and Commerce Committee's Subcommittee on Health and was reported by the full committee with amendments on July 21, 2021. Was debated on the floor of the House on November 30, but further proceedings were postponed.

[HR 2364](#)-Kim (D-NJ). Synthetic Opioid Danger Awareness Act.

- Directs HHS and CDC to implement a public awareness education campaign regarding synthetic opioids including fentanyl. Requires measures, benchmarks, qualitative assessment and a report to Congress.
- Directs National Institute for Occupational Safety and Health (NIOSH) to develop training for first responders and others at high risk for exposure to synthetic opioids to be distributed to police and fire departments, sheriffs and deputies in city and county jails ambulance personnel, hospital emergency room staff, clinicians and other high-risk occupations.

HR 2364 was debated on the floor of the House on November 30, but further proceedings were postponed.

[HR 2379](#)-Trone (D-MD). State Opioid Response Grant Authorization Act 2021.

Amends 21st Century Cures Act to reauthorize and expand grants.

- Appropriates a \$1.75 billion for each fiscal year 2022 through 2027, with a minimum of \$4 million to each state and the District of Columbia.
- Requires formula adjustments to ensure that no State receives a significantly lower amount than the previous fiscal year.
- Requires a report to Congress to include an analysis mortality rates, outreach, direct support services, underserved communities and statewide treatment and recovery outcomes.

HR 2379 Passed House 10-20-21, sent to Senate HELP.

[HR 2862](#)-Beyer (D-VA). Campaign to Prevent Suicide Act.

- Appropriates \$10 million for each fiscal year 2022 through 2026.
- Requires HHS to conduct a national suicide prevention media campaign for the purpose of preventing suicide, educating families, friends, and communities, encouraging individuals at risk to seek help, and increasing awareness of suicide prevention resources.
- Requires a report to Congress regarding campaign effectiveness, State and regional variations of capacity to respond to hotline calls, number of unique encounters and whether media campaign contributed to increased engagement individuals at risk for suicide.

HR 2862 passed the House on May 12, 2021. Sent to the Senate and referred to the HELP Committee.

[HR 2955](#)-Stewart (R-UT). Suicide Prevention Act.

- Appropriates \$20 million for each fiscal year 2022 through 2026 for a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments.
 - Establishes a grant program to expand surveillance of self-harm. Requires real-time sharing of disaggregated data on suicides, self-harm, and suicidal ideation.
 - Priority is given to States or Indian Tribes with:
 - » Higher than national average rates of age-adjusted non-fatal suicidal behaviors.
 - » Higher than national average rates of emergency department visits.
 - » Communities with high rates of mental illness.
 - » Communities with a shortage of prevention and treatment services.
 - » Social determinants of health deficits.
 - HHS shall provide technical assistance.
- Appropriates \$30 million for each fiscal year 2022 through 2026 to hospital emergency departments to provide self-harm and suicide prevention services including:
 - Screening for self-harm.
 - Short-term suicide prevention services.
 - Referrals to long-term self-harm and suicide prevention services.
 - Providing follow-up services.
 - Hiring and training of clinical social workers, mental and behavioral health care professionals, and other support staff.
 - Reports to HHS and to Congress required.

HR 2955 passed the House on May 12, 2021, was sent to the Senate where it was referred to HELP.

[HR 3684](#)-DeFazio (D-OR). Infrastructure Investment and Jobs Act. Includes provisions to improve broadband infrastructure and domestically produced PPE. Passed both chambers and was signed by the President on November 15, 2021. Became Public Law 117-58.

[HR 3894](#)-Blunt Rochester (D-DE). Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act 2021. Directs HHS:

- To clarify guidance to states to address social determinants of health in Medicaid and CHIP.
- To provide guidance and technical assistance to states to encourage and incentivize managed care organizations (MCOs) to address social determinants of health.

HR 3894 was favorably reported by House Energy and Commerce Committee on July 21, 2021. Was debated on the floor of the House on November 30, but further proceedings were postponed.

[HR 4026](#)-Burgess (R-TX). Social Determinants of Health Data Analysis Act 2021. Requires a report to Congress on actions taken by HHS to address social determinants of health, including data collection, coordination with federal, state, and local agencies, potential for duplication, barriers, and recommendations for fostering public-private partnerships and private sector efforts. HR 4026 passed the House and was referred to Senate Help on December 1, 2021.

[HR 4233](#)-Murphy (R-NC) Student Veterans Counseling Centers Eligibility Act. Requires report assessing the mental health needs of veterans using veterans' educational benefits. Passed House November 17, 2021 and was sent to Senate Veterans Affairs Committee.

[HR 5029](#)-Rouzer (R-NC) Expanding the Families of Veterans Access to Mental Health Services Act. Provides counseling and services to families of members of the armed forces or veterans who died of suicide. Reported favorably from House Veterans Affairs Committee on November 4, 2021.

[HR 5218](#)-Fletcher (D-TX). Collaborate in an Orderly and Cohesive Manner Act. Establishes grants for incentives to primary care providers to deliver behavioral health integration services through the collaborative care model. Establishes a National Collaborative Care Model Training and Technical Assistance Center and regional centers to provide technical assistance and training. Authorizes appropriations of \$30 million per year for fiscal years 2022 through 2026. Referred to House Energy and Commerce Committee on 9-10-21.

[HR 5376](#)-Smith (D-WA)-Build Back Better Act-Broad-ranging appropriations bill. Includes housing assistance programs, health benefits for individuals in non-Medicaid expansion states, and negotiation of drug prices in Medicare. Passed House 220-213 on November 19, 2021.

SENATE BILLS WITH NO HOUSE COMPANION

[S 322](#)-Tillis (R-NC). PROTECT Act. Amends the Health Insurance Portability and Accountability (HIPAA) Act to prohibit exclusions based on pre-existing conditions, including genetic information. S 322 referred to Senate HELP Committee.

[S 509](#)-Sullivan (R-AK). Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act 2021.

- Establishes grants to support public-private partnerships in States including nutritional assistance, housing, health care preventive health intervention, chronic disease management, behavioral health care, transportation, job training, child development, child-care, caregiving, respite care, disability assistance, and other services.
 - Prioritizes appropriate existing technology platforms developed by public-private partnerships.
 - Requires an evaluation, report, and recommendations.
- S 509 was referred to Senate HELP on 3-1-21.

[S 631](#)-Klobuchar (D-MN). COVID-19 Mental Health Research Act. Directs NIMH to study the mental health consequences of COVID-19. Senate Veterans Affairs Committee hearing on November 17, 2021.

[S 1010](#)-Shaheen (D-NH). Turn the Tide Act.

Provides funding for programs and activities under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

Controlled Substance Provisions:

- Extends appropriations of \$4 million for an extra fiscal year (through 2024) for grants to enhance access to SUD treatment and renews appropriation of \$4 million for each fiscal year for 2021 through 2024.
- Extends grants to increase access to drug disposal for an extra year (through FY 2024) and appropriates \$10 million for each fiscal year.

Public Health Provisions:

- Extends appropriation of \$36 million per fiscal year for one extra year (through FY 2024) for training first responders to administer emergency treatment for suspected opioid overdose.
- Extends appropriation of \$15 million per fiscal year for one extra year (through FY 2024) for a pilot program for public health laboratories to detect Fentanyl and other synthetic opioids.
- Extends appropriation of \$3 million per year for one extra year (through FY 2022) to identify or facilitate the development of best practices, including model laws and minimum standards for operating recovery housing.
- Appropriates \$1 million to HHS to extend funding for an extra fiscal year (through FY 2024) to develop and distribute model training programs for SUD history, in-patient records.
- Appropriates \$29.9 million to HHS to extend funding for an extra fiscal year (through FY 2024) to provide residential treatment programs for pregnant and postpartum women.
- Appropriates \$50 million to extend grants for an extra fiscal year (through FY 2024) for mental and behavioral health education and training in social work, psychology, psychiatry, SUD prevention and treatment, psychiatric nursing, and counseling.

S 1010-continued

- Appropriates \$10 million to extend funding for an extra fiscal year (through FY 2024) for a program to support coordination and continuation of care for drug overdose patients including emergency room treatment, recovery coaches, continuation and co-ordination of care, overdose reversal medications etc.
- Extends appropriation of \$10 million for each fiscal year 2021 through 2024 (had been slated to expire after FY 2021) for emergency department alternatives to opioid demonstration programs targeting painful conditions, best practices for use of alternatives to opioids for pain management. Requires a report to Congress.
- Extends appropriations of \$4 million for an extra fiscal year (through FY 2024) for Regional Centers of Excellence in Substance Use Disorder Education on the neurology and pathology of SUD, advancements in treatments, techniques, and best practices to support recovery, strategies for prevention, treatment and recovery.
- Extends appropriations of \$10 million for an extra fiscal year (through FY 2024) for SUD the Youth Prevention and Recovery Initiative that targets youth who are in high school, foster care, homeless services, Indian Tribes or tribal organizations, institutions of higher education, or who are out of school.
- Extends appropriations of \$10 million for at least ten grants for an extra fiscal year (through FY 2024) for ten Comprehensive Opioid Recovery Centers in areas with higher than the national average of age-adjusted drug overdose deaths.
- Extends appropriations of \$2 million for an extra fiscal year (through FY 2024) for CDC surveillance and data collection on adverse childhood experiences through the Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System and other relevant public health surveys.
- Extends appropriations of \$63.8 million for an extra fiscal year (through FY 2024) for the National Child Traumatic Stress Initiative to address the problems of children who have experienced violence-related stress.
- Extends appropriations of \$50 million for an extra fiscal year (through FY 2024) for trauma support services and mental health care for children and youth in educational settings.
- Extends appropriations of \$40 million for an extra fiscal year (through FY 2024) for surveillance and education regarding infections associated with illicit drug use and other risk factors.
- Extends appropriations of \$5 million for an extra fiscal year (through 2024) for grants to recovery community organizations for building communities of recovery.
- Extends appropriations of \$1 million for an extra fiscal year (through 2024) for a Peer Support Technical Assistance Center.
- Extends appropriations of \$496 million for an extra fiscal year (through 2024) for preventing overdoses of controlled substances.
- Extends appropriations of \$5 million for an extra fiscal year (through 2024) for grants to assist individuals in SUD recovery to transition into the workforce.

Housing and Department of Justice Provisions:

- Appropriates \$25 million per fiscal year for FY 2021 through 2024 to provide individuals in recovery from a SUD with stable temporary housing for a period of not more than two years or until the person secures permanent housing, whichever is earlier.

S 1010-continued

- Appropriates of \$20 million per fiscal year through FY 2023 for grants to build capacity for family-focused, trauma-informed residential SUD treatment for pregnant and postpartum women, parents and guardian that allows children to reside with their parents or guardians during treatment.
- Amends the Omnibus Crime Control and Safe Streets Act of 1968 to appropriate \$500 million per fiscal year for 2021 through 2024 for the Comprehensive Opioid Abuse Grant Program.
- Amends the Office of National Drug Control Policy Reauthorization Act of 1998 to appropriate:
 - \$150 million per fiscal year 2021 through 2024 for the Drug-Free Communities Program.
 - \$290 million per fiscal year 2021 through 2024 for High Intensity Drug Trafficking Areas (HIDTA).
- Extends appropriations of \$75 million for an extra fiscal year through 2024 in the Omnibus Crime Control and Safe Streets Act for the Drug Courts Program.
- Extends appropriations of \$2 million for an extra fiscal year (through 2024) in the Office of National Drug Control Policy Reauthorization Act for drug court training and technical assistance.
- Extends appropriations of \$1.25 million for an extra fiscal year (through 2024) in the Office of National Drug Control Policy Reauthorization Act for the administration of the ONDCP.
- Extends appropriations of \$25 million for an extra fiscal year (through 2024) in the ONDCP Reauthorization Act for the Emerging Threats Committee, including planning and a media campaign.

Bolstering Commitments to State Grants for Substance Use Disorder Treatment and Prevention.

- Extends appropriations of \$5.5 billion per fiscal year 2021 through 2025 in the 21st Century Cures Act for State Opioid Response Grants for education, education, treatment, MAT, behavioral health services, recovery support and medical screenings.
- Gives additional flexibility to States and Indian Tribes by allowing support of SUD treatment and services regardless of whether the patient has a primary diagnosis of Opioid Use Disorder if the person has an SUD diagnosis.
- Appropriates \$3 billion per year for each fiscal years 2021 through 2025, and \$2.5 billion per fiscal year for 2026 through 2030 for Substance Abuse Prevention and Treatment Block Grants.
- \$50 million is designated for Indian Tribes or tribal organizations. 15% is designated to states with highest mortality rates related to OUD. Not more than 2% to be used for federal administrative expense.

Eliminating Insurance Barriers to Medication-Assisted Treatment

- Prohibits utilization control policies and procedures including prior authorization requirements in group health or individual health insurance coverage (does not include self-insured plans) related to MAT.
- Prohibits prior authorizations or other utilization restrictions of MAT under Medicaid.
- Requires group and individual health plans to offer at least one brand-name or generic opioid overdose reversal medication without any cost-sharing requirement.
- Requires Medicare Part D plans to offer at least one brand-name or generic opioid overdose reversal medication without any cost-sharing requirement, and must waive deductibles, co-insurance, initial coverage limits or cost sharing above the annual out-of-pocket limits or annual threshold.

Targeting Health Workforce Loan Repayment Assistance to Hardest-Hit States

- Extends appropriations of \$25 million for an additional fiscal year (through 2024) in the Public Health Service Act for the Loan Repayment Program for Substance Use Disorder Treatment Workforce.

S 1010-continued

- Extends appropriations of \$25 million per fiscal year 2021 through 2025 for states with the highest rates of drug overdose death. States eligible for these funds are in the top 25% of overdose death rates per 100,000 population in the immediately preceding three-year period.
- Extends appropriations of \$10 million per fiscal year for an additional two years (through 2024) in the Public Health Service Act for a training demonstration program. An additional \$20 million per fiscal year for 2021 through 2025 is appropriated for training demonstration programs in states with highest overdose death rates.

Medicaid Payments for Behavioral Health and Mental Health Providers

- Amends the Social Security Act's provisions for State Medicaid plans to add Medicaid rates for mental health and behavioral health services at a rate of not less than 100% of the payment rate that applies for such services under Medicare Part B.
- Adds mental health and behavioral health services to required services in State Medicaid plans to include services provided to a person with SUD. Services to include evaluation and management, counseling, OUD treatment and services HHS determines necessary for OUD or SUD. Clinical psychologists, clinical social workers, medical professionals authorized to provide MAT or mental or behavioral health services are covered. Provides a 100% Federal Medical Assistance Percentage (FMAP) for the portion of amounts a state expends for these services.

Center for Medicare and Medicaid Innovation Demonstration to Test the Provision of Recovery Housing for Individuals with Opioid Use Disorder Under Medicaid.

- Directs Center for Medicare and Medicaid Innovation to work with HUD conduct two state demonstration projects in which Medicaid managed care organizations (MCOs) are paid a higher rate for eligible Medicaid beneficiaries in states that provide medical assistance for recovery housing for Medicaid beneficiaries, with the aim of reduced emergency visits, hospitalizations and Medicaid expenditures. The project will target individuals who have a diagnosis of OUD, are in the top 25% of plan spending in the most recent year, have no permanent residence, and are between the ages of 21-65.

Extension of Medicaid Delivery System Reform and Incentive Payment Waivers

- Directs HHS to extend the termination date for existing waivers to December 31, 2026 at the same rate as existed on the date of enactment of S 1010.
- Allows states to use waiver funds to support training of direct home and community-based services workers.

Separate Ambulatory Payment Classification (APC) Codes Under the Medicare Hospital Outpatient Department Prospective Payment System and the Medicare Ambulatory Surgical Center Payment System for Surgeries Utilizing Non-Opioid Pain Management Drugs

- Requires development of separate classification codes for surgeries that use non-opioid drugs and those that use opioids.

Expanding Drug-Free Communities Support Grants

- Allows additional grants to four-year grant recipients not to exceed the amounts of non-Federal and in-kind funds raised by the recipient.
- Allows the renewal of grants for an additional (fifth) year in the amount of the non-Federal and in-kind funds raised by the recipient in Years 1 through 4.

S 1010-continued

- Prioritizes economically disadvantaged areas and states with high mortality rates related to OUD, and coalitions serving one or more communities in those areas.

Support for Law Enforcement Mental Health and Wellness

Appropriates \$10 million per fiscal year for 2021 through 2024 for establishment of peer mentoring mental health and wellness pilot programs within State, Tribal, and local law enforcement agencies.

S 1010 was referred to the Senate HELP Committee.

[S 1296 Brown](#) (D-OH). Daniel J. Harvey and Adam Lambert Improving Servicemember Transitions to Reduce Veteran Suicide. Would establish a pilot program aimed at reducing suicide among veterans, to include a three-hour training module in the Transition Assistance Program on risks after discharge for the Armed Forces, resources and treatment options, follow-up contact within 90 days of discharge, Pilot should be in not fewer than 10 locations and serve not fewer than 300 members of the Armed Forces. Report required after one year. Senate Veterans Affairs Committee hearing on November 17, 2021.

GLOSSARY OF ABBREVIATIONS

CDC—Centers for Disease Control

CMS—Centers for Medicare and Medicaid Services

E&C—House Energy and Commerce Committee

FMAP—Federal Medical Assistance Percentage

FQHC—Federally Qualified Health Center

HELP—Senate Health, Education, Labor and Pensions Committee

HHS—Health and Human Services

HRSA—Health Resources and Services Administration

MAT—Medication Assisted Treatment

MCO—Managed Care Organization

NIH—National Institutes of Health

NIMH—National Institute of Mental Health

NIMHHD—National Institute on Minority Health and Health Disparities

NIOSH—National Institute for Occupational Safety and Health

ONDCP—Office of National Drug Policy

ODU—Opioid Use Disorder

PHS—Public Health Service

RHC—Rural Health Center

SAMHSA—Substance Abuse and Mental Health Services Administration

SUD—Substance Use Disorder

USDA—U.S. Department of Agriculture



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This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact Sabrina Conner at sconner@ntbha.org or Janie Metzinger at jmetzinger@ntbha.org

Companion Bills

Bill #	Sponsor	Subject/Title	Comm.	Subcomm. Vote	Comm. Vote	H/S Vote	>H>S	Comm.	Sub-Comm Vote	Comm. Vote	H/S Vote	To Pres.
HR 432	Thompson (D-CA)	Mental Health Access	E&C W&M									
S 828	Barrasso (R-WY)	Improvement Act of 2021	Finance									
HR 433	Trone (D-MD)	Family Support Services for	E&C			4-15-21	→S	HELP				
S 485	Gillibrand (D-NY)	Addiction Act 2021	HELP									
HR 586	Peters (D-CA)	STAND UP	E&C			5-12-21	→S	HELP				
S 1391	Kennedy (R-LA)		HELP									
S 1543	Hassan (D-NH)	Act of 2021	HELP		CS 8-3-21 → Cal 9-21							
HR 654	Joyce (R-OH)	Drug-Free Communities	E&C	7-15-21+	+w/am	10-21-21	→S	Judiciary				
SB 26	Portman (R-OH)	Pandemic Relief Act	Judiciary									
HR 708	Latta (R-OH)	TREAT ACT	E&C									
S 168	Murphy (D-CT)	Temporary Reciprocity to Ensure Access to Treatment Act	HELP									
HR 721	Napalitano (D-CA)	Mental Health Services for	E&C				→S	HELP				
S 1841	Smith (D-MN)	Students Act 2021	HELP									
HR 925	Davids (D-KS)	Data to Save Moms	E & C	7-15-21								
S 347	Smith (D-MN)	Act	HELP									
HR 955	Tonko (D-NY)	Medicaid Re-Entry Act	E&C									
S 285	Baldwin (D-WI)	Of 2021	Finance									
HR 958	Underwood (D-IL)	Protecting Moms Who Serve	H V Aff.									
S 796	Duckworth (D-IL)	Act	S V Aff.									11-30-21
HR 1205	Ruiz (D-CA)	Improving Mental Health Access	E&C			5-12-21	→S	HELP				
S 2157	Capito (R-WV)	in the Emergency Department Act	HELP									



117th U.S. Congress—Behavioral Health Related Legislation—December 3, 2021

Bill #	Sponsor	Subject/Title	Comm.	Subcomm. Vote	Comm. Vote	H/S Vote	>H>S	Comm.	Sub-Com Vote	Comm. Vote	H/S Vote	To Pres.
HR 1324	Bilirakis (R-FL)	Effective Suicide Screening and Assessment in the Emergency Dept.	E&C			5-12-21	→S					
S 467	Murkowski (R-AK)		HELP									
HR 1384	Tonko (D-NY)	Mainstreaming Addiction	E&C Judiciary W&M									
S 445	Hassan (D-NH)	Treatment Act of 2021	HELP									
HR 1448	Stivers (R-OH)	PAWS for	H V Aff					Vets Aff				PL 117-37
S 613	Tillis (R-NC)	Veterans Therapy Act	S V Aff									
HR 1475	Watson-Coleman (D-NJ)	Pursuing Equity in Mental Health Act	E&C			5-12-21	→S	HELP				
S 1795	Menendez (D-NJ)		HELP									
HB 1667	Wild (D-PA)	Dr. Lorna Breen Health Care Provider Protection Act	E&C	11-4-21	11-17-21							
S 610	Kaine (D-VA)		HELP									
HR 1899	Griffith (R-VA)	Ensuring Compliance Against Drug Diversion Act	E&C			4-15-21	→S	Judiciary			Passed 10-27	PL 117-53
S 1286	Cornyn (R-TX)		Judiciary									
HR 2051	Peters (D-CA) Curtis (R-UT)	Methamphetamine Response Act of 2021	E&C			7-21-21 +						
S 854	Feinstein (D-CA)		Judiciary									
HR 2877	Ferguson (R-GA)	Behavioral Intervention Guidelines Act 2021	E&C			5-12-21	→S	HELP				
S 1383	Cornyn (R-TX)		HELP									
HR 2936	Pascrell (D-NJ)	Protecting America's First Responders										PL 117-61
S 1511	Grassley (R-IA)											
HR 2981	Katko (R-NY)	Suicide Prevention Lifeline Improvement Act of 2021	E&C			5-12-21	→S	HELP				
S 2425	Reed (D-RI)		HELP	+ 8-3-21	→Cal 9-21-21							
HR 3070	Trone (D-MD)	COPS Counseling										
S 1502	Cortez-Masto (D-NV)	Act										PL 117-60



117th U.S. Congress—Behavioral Health Related Legislation—December 3,2021

Bill #	Sponsor	Subject/Title	Comm.	Subcomm. Vote	Comm. Vote	H/S Vote	>H>S	Comm.	Sub-Com Vote	Comm. Vote	H/S Vote	To Pres.
HR 3743	Hudson (R-NC)	Supporting the Foundation for NIH and	E&C		7-21-21	Debate 11-30						
S 1662	Lujan (D-NM)	Reagan-Udall Foundation for the FDA	HELP			6-24-21	→H					
HR 4341	Trone (D-MD)	Comprehensive Addiction & Recovery Act CARA 3.0 Act of 2021	E&C Judiciary W&M									
S 987	Portman (R-OH)		HELP									
HR 4387	Kelly (D-IL) Burgess,MD (R-TX)	Maternal Health Quality	E & C		7-21							
S 1675	Warnock (D-GA)	Improvement Act	HELP		6-8-21							
HR 4387	Kelly (D-IL) Burgess,MD (R-TX)	Maternal Health Quality	E & C									
S 1675	Warnock (D-GA)	Improvement Act	HELP		6-8-21							



House Bills

Bill #	Sponsor	Subject/Title	Comm.	Subcomm. Vote	Comm. Vote	H/S Vote	>H>S	Comm.	Sub-Com Vote	Comm. Vote	H/S Vote	To Pres.
HR 768	McKinley (R-WV) Dingell (D-MI)	Block, Report and Suspend Suspicious Shipments Act 2021	E&C			5-12-21	→S	Judiciary				
HR 1480	Bera (D-CA) Fitzpatrick (R-PA)	Helping Emergency Responders Overcome (HERO) Act	E&C			5-12-21	→S	HELP				
HR 2355	Davis (R-IL) Bilirakis (R-FL)	Opioid Prescription Verification Act of 2021	E&C		+w/am.. 7-21-21	Debate 11-30						
HR 2364	Kim (D-NJ) Pappas (D-NH)	Synthetic Opioid Danger Awareness (SODA) Act	E&C		+w/am.. 7-21-21	Debate 11-30						
HR 2379	Trone (D-MD) Sherrill (R-NH)	State Opioid Response Grant Authorization Act of 2021	E&C	7-15-21	+w/am.. 7-21-21	10-20- 21	→S	HELP				
HR 2862	Beyer (D-VA) Kinzinger (R-IL)	Campaign to Prevent Suicide Act	E&C			5-12-21	→S	HELP				
HR 2955	Stewart (R-UT) Matsui (D-CA)	Suicide Prevention Act	E&C			5-12-21	→S	HELP				
HR 3684	DeFazio (D-OR)	Infrastructure, Investment and Jobs Act	Transportation				→S					PL 117-58
HR 3743	Hudson (R-NC)	Foundation for NIH and Reagan-Udall Foundation for the FDA	E&C	7-15-21	+ 7-21-21							
HR 3894	Blunt-Rochester (D-DE) Bilirakis (R-FL)	CARING for Social Determinants of Health 2021	E&C 7-21-21		+w/am. 7-21-21	Debate 11-30						
HR 4026	Burgess, M.D. (R-TX) Blunt-Rochester(D-DE)	Social Determinants of Health Data Analysis Act	E&C		7-21-21	Passed 12-1	→S	HELP				
HR 4233	Murphy (R-NC)	Student Veterans Counseling Centers Eligibility Act	H V Aff		11-17-21	Passed	→S	S V Aff				
HR 5029	Rouzer (D-NC)	Expanding the Families of Veterans Access to Mental Health Services Act	H V Aff		11-4-21							
HR 5218	Fletcher (D-TX)	Colaborate in an Orderly & Cohesive Manner Act	E&C									
HB 5376	Smith (D-WA)	Build Back Better Act				Passed						

Senate Bills

Bill #	Sponsor	Subject/Title	Comm.	Subcom. Vote	Comm. Vote	H/S Vote	>H>S	Comm.	Subcom. Vote	Comm. Vote	H/S Vote	To Pres.
S 322	Tillis (R-NC)	Protect Act—Amends HIPAA, prohibits exclusions of pre-existing conditions by insurers	HELP									
S 631	Klobuchar (D-MN)	COVID-19 Mental Health Research Act	S V Aff	Hearing								
S 509	Sullivan (R-AK)	Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act 2021	HELP									
S 1010	Shaheen (D-NH)	Turn the Tide Act	HELP									
S 1296	Brown (D-OH)	Daniel J. Harvey and Adam Lambert Improving Servicemember Transitions to Reduce Suicide	S V Aff	Hearing 11-17-21								

Key

Bill numbers [underlined and in blue](#) in the first column are links to the text of the bill.

Companion Bills

- Companion Bills are listed together first, with the pairs arranged in numerical order based on the number of the House Bill. For example, [HR 432](#) and [S 828](#) are Companion Bills. They are listed as a pair and highlighted for [House](#) or [Senate](#).
- The Subjects column of Companion Bills are not highlighted.
- When a House Bill passes the House and is sent to the Senate, the “To H/S” column has an arrow: → S
- When a Senate Bill passes the Senate and is sent to the House, the “To H/S” column has an arrow: →H

House Bills

- On this chart, House Bills are highlighted in light blue for the life of the bill.
- House Bills in the US House of Representatives begin with the prefix **HR**.
- E & C = House Energy and Commerce Committee (Health-related legislation is referred to this committee).
- W & M= House Ways and Means Committee (Legislation that raises revenues is referred to this committee).
- V Aff = House Veterans Affairs

Senate Bills

- On this chart, Senate Bills are highlighted in light orange for the life of the bill.
- Senate Bills in the US Senate begin with the prefix **S**.
- HELP = Senate Health, Education, Labor and Pensions Committee.
- S V Aff = Senate Veterans Affairs
- → Calendar = Bill has been sent to Senate Calendar.

Department of Criminal Justice FY2022 SAMHSA Grant Project

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2022 Total	FY2021 Total	FY2020 Total	FY2019 Total
Nexus New Admissions	1	3											4	23	26	25
Nexus Average Days in Jail from Referral to Admission	17	24											20	12	12	8
Homeward Bound New Admissions	1	1											2	14	24	11
Homeward Bound Average Days in Jail from Referral to Admission	119	92											105	92	79	7
RESIDENTIAL TREATMENT DISCHARGES																
Successful	0												0	22	43	27
Unsuccessful	1	2											1	7	11	3
REFERRING SPECIALTY COURTS FY2022																
Number of Referrals by Specialty Courts		AIM	2				DWI	0				STAR	1			
		ATLAS	1				IIP	0				Veterans	0			
		Competency	2				Legacy Family	0				4-C	0			
		DDC	0				MHJD/SET	4								
		DIVERT	0				STAC	4								

*Homeward Bound Pending Admission: 7

*Nexus Pending Admission: 0



Crisis Services Project

CSP Total

DY10 CSP Monthly Report_No Graphs(with LCN)

Last Refresh: 12/3/21 at 11:12:04 AM GMT-06:00

	Past Year Avg	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Total Service Episodes:	359	364	440	573	579	668	621	527	529	508	503	531.2	5,312
Total Unique CID:	317	359	427	538	524	602	534	428	442	420	412	468.6	4,686
Total Unique PID:		359	427	538	524	602	534	428	442	420	412	468.6	4,686
% Change to DY 9 by CID		60.95%	72.50%	91.34%	88.96%	102.21%	90.66%	72.67%	75.04%	71.31%	69.95%		

<u>Total Encounters by Type:</u>		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Triage		364	440	573	579	668	621	527	529	508	503	531.2	5,312
Care Coordination		1,204	1,243	1,818	1,838	1,941	1,994	1,881	1,766	1,543	1,651	1,687.9	16,879
F2F Encounter		249	222	273	267	301	272	287	278	268	287	270.4	2,704
Sum:		1,817	1,905	2,664	2,684	2,910	2,887	2,695	2,573	2,319	2,441	2,489.5	24,895

<u>F2F Encounter</u>		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
MHPR Bond		143	83	103	105	124	132	106	140	143	116	119.5	1,195
Non-MHPR		106	139	170	162	177	140	181	138	125	171	150.9	1,509
Sum:		249	222	273	267	301	272	287	278	268	287	270.4	2,704

<u>Administrative Note</u>		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Desk Reviews			1	9	7	12	8	7	4	6	10	7.11	64



Crisis Services Project

Frank Crowley

DY10 CSP Monthly Report_No Graphs(with LCN)

Last Refresh: 12/3/21 at 11:12:04 AM GMT-06:00

	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Service Episodes:	364	440	573	579	668	621	527	529	508	503	531.2	5,312

	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Unique Consumers:												
By N* ID	37	79	110	85	80	69	87	72	47	57	72.3	723
By LCN	209	238	312	308	359	314	214	182	163	182	248.1	2,481
By Client ID	113	110	116	131	163	151	127	188	210	173	148.2	1,482
TOTAL Unique Consumers:	359	427	538	524	602	534	428	442	420	412	468.6	4,686
TOTAL Unique Consumers as %:	98.63%	97.05%	93.89%	90.50%	90.12%	85.99%	81.21%	83.55%	82.68%	81.91%		

	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	Average:	Sum:
Unique F2F:												
By N* ID	19	32	53	45	28	33	40	38	26	34	34.8	348
By LCN	142	121	139	144	166	143	150	106	90	121	132.2	1,322
By Client ID	85	65	75	72	102	89	88	126	137	116	95.5	955
TOTAL Unique F2F:	246	218	267	261	296	265	278	270	253	271	238.64	2,625
TOTAL Unique F2F as %:	98.80%	98.20%	97.80%	97.75%	98.34%	97.43%	96.86%	97.12%	94.40%	94.43%		



F2F Recidivism Summary for 01/01/2021 to 10/31/2021

QPI_DY10 Multi-version Recidivism - New

Last Refresh: 12/3/21 at 11:25:39 AM GMT-06:00

Triage 12 w/F2F	2,434	Bookins 12 w/PAP	2,612	Total F2F and PAP	5,046
Recidivism 12-12 w/F2F	468	Recidivism 12-12 w/PAP	386	Recidivistic Individuals	854
Recidivism 12-12 w/F2F Percentage	19.23%	Recidivism 12-12 w/PAP Percentage	14.78%	Recidivism Percentage	16.92%

	January	February	March	April	May	June	July	August	September	October
Year MO	2021/01	2021/02	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	2021/09	2021/10

Triage w/F2F:

Triage 12 w/F2F	230	431	679	923	1,202	1,463	1,723	1,969	2,222	2,434
Recidivism 12-12	2	6	34	72	115	170	245	292	377	468
Recidivism 12-12%	0.87%	1.39%	5.01%	7.80%	9.57%	11.62%	14.22%	14.83%	16.97%	19.23%

PAP:

Count of PAP	264	459	750	1,026	1,271	1,522	1,809	2,083	2,324	2,612
PAP Recidivism	2	5	29	60	91	131	191	253	321	386
PAP Recidivism%	0.76%	1.09%	3.87%	5.85%	7.16%	8.61%	10.56%	12.15%	13.81%	14.78%

Total:

Count of F2F & PAP	494	890	1,429	1,949	2,473	2,985	3,532	4,052	4,546	5,046
Recidivism F2F& PAP	4	11	63	132	206	301	436	545	698	854
Recidivism%	0.81%	1.24%	4.41%	6.77%	8.33%	10.08%	12.34%	13.45%	15.35%	16.92%



Baseline	Goal	Year MO	January	February	March	April	May	June	July	August	September	October	November	December
			2021/01	2021/02	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	2021/09	2021/10	2021/11	2021/12

M1-262 Depression with Suicide and Homicide Risk

731		SRAT And/Or VRAT Rating Count	51	118	201	278	359	430	523	602	703	810		
752		Total of Unique Individuals	52	120	204	282	366	436	529	609	711	819		
97.21%	97.54%	Percentage	98.08%	98.33%	98.53%	98.58%	98.09%	98.62%	98.87%	98.85%	98.87%	98.90%		

M1-263 Psychosocial/developmental Assessment

679		Number of CSP Encounters	16	38	94	160	231	319	399	473	545	631		
743		NTBHA Psychological Evaluations	16	39	97	166	240	330	415	491	569	656		
91.39%	92.40%	Percentage	100.00%	97.44%	96.91%	96.39%	96.25%	96.67%	96.14%	96.33%	95.78%	96.19%		

M1-265 Housing Assessment for Individuals with Schizophrenia

375		Identified individuals with housing outcome/ housing assessment	26	61	99	136	169	212	260	294	323	348		
437		Identified individuals with verified schizophrenia visits within 12 month period.	27	62	101	139	174	217	266	301	332	359		
85.81%	87.48%	Percentage	96.30%	98.39%	98.02%	97.84%	97.13%	97.70%	97.74%	97.67%	97.29%	96.94%		

**With CSP as the denominator

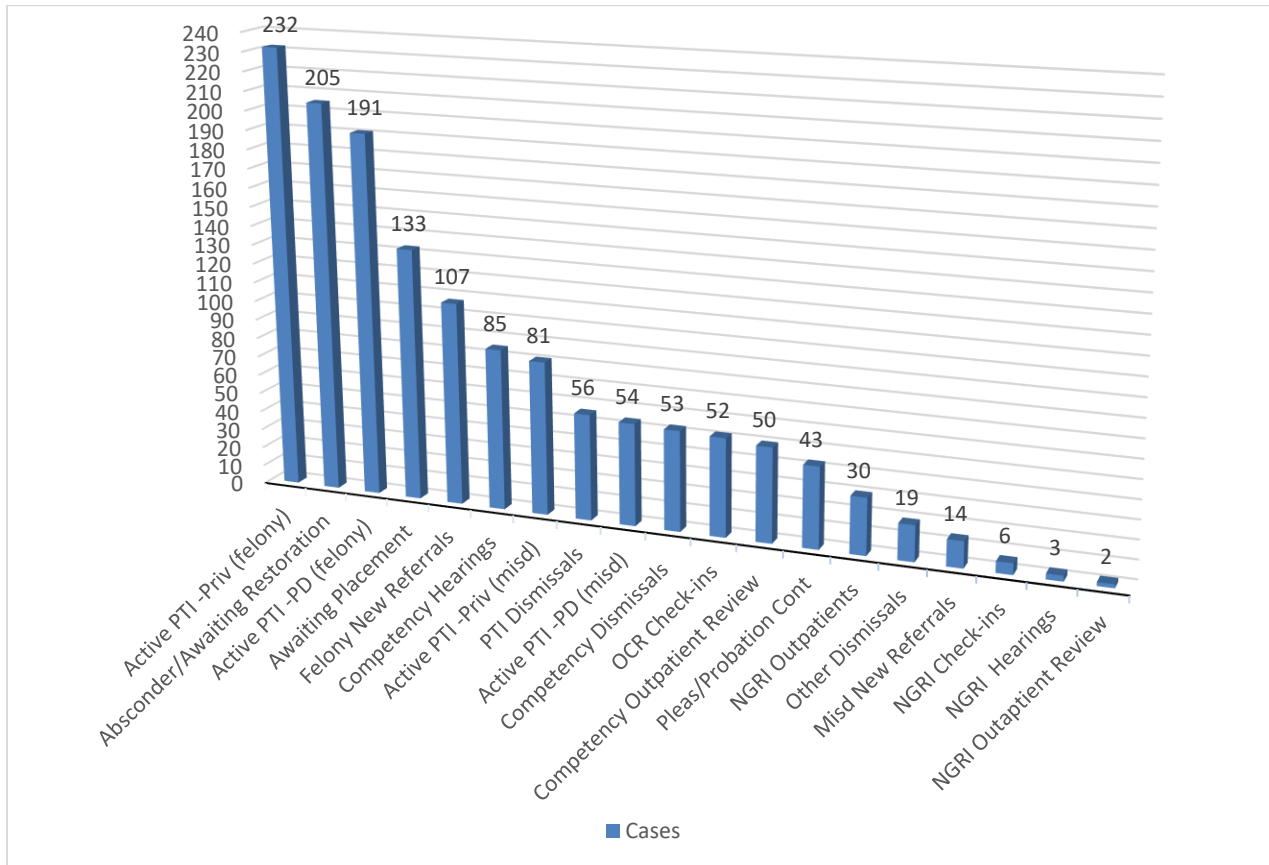
Transicare Reporting

Crisis Services Project

		Oct-21	TOTAL
	Beginning Census	42	
	Referrals	7	7
	Admissions		
	Referred Admitted	0	0
	No Admit Client Refusal	0	0
	No Admit Criteria	0	0
	No Admit Structural	0	0
	Pending	7	7
	<i>Prior Pending</i>		
	Pending Admitted	0	0
	No Admit Client Refusal	0	0
	No Admit Criteria	0	0
	No Admit Structural	3	3
	Total Admissions	0	0
	Discharges		
	Success Transfer	3	3
	DC Midterm Disengage	3	3
	DC Rapid Disengage	0	0
	DC Structural	1	1
	Total Discharged	7	7
	Active End Of Month	35	
		Oct-21	TOTAL
	Outcome Data		
	<i>Terrell State Hospital Linkages</i>		
	≤7 Connect To Prescriber	0	9
	Missed ≤7 Day Connect	0	1
	≤30 Connect To Prescriber	0	9
	Missed ≤30 Day Connect	0	1
	Total Missed Metric	0	1
	Total Released	0	10
		Oct-21	TOTAL
	Cummulative ≤7 Connect %	100.0%	90.0%
	Cummulative ≤30 Connect %	100.0%	90.0%
	Missed Metric	0.0%	10.0%

DISTRICT ATTORNEY'S OFFICE - RESTORATIVE JUSTICE DIVISION UPDATE

DA Criminal Mental Health Division November 2021 Stats:



DA Civil Division, Mental Illness Court November 2021 Stats:

1. **Civil Commitments** (Court Order for Inpatient Temporary Mental Health Services)
 - a. November 2021: 46
 - b. Year to date: 395
2. **Medication Hearings** (Court Order to Administer Psychoactive Medications, while receiving inpatient mental health services)
 - a. November 2021: 41
 - b. Year to date: 373
3. **Dallas County Jail Medication Hearings** (Court Order to Administer Psychoactive Medications for 46B criminal defendants who have been found incompetent to stand trial and are refusing prescribed psychoactive medications)
 - a. November 2021: 4
 - b. Year to date: 53
4. **Jury Trials**
 - a. November 2021: **0 Jury Trials**
 - b. Year to date: **0 Jury Trials**

Monthly Stats Registered Pre-Trial Specialty Courts – November

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
DIVERT	TBD	5	0	1	78

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
AIM	5	6	0	0	41

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
SET	10	2	0	0	16

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
MHJD	7	5	0	3	19

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
VETERANS	4	4	3	1	31

DA Pre-Trial Intervention (PTI's):

Program	# Pending Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
General PTIs	7	11	0	1	14
Prost PTIs (Misd)	54		0	0	3
STAR PTIs (Fel)	7		0	0	2

Specialty Court Prosecutors – Volunteer Hours – November

Specialty Court	Prosecutor	Month	Staffing Hrs	Court Hrs	Outside Hrs	Total Hrs
ATLAS	Aja Reed	Nov	3.5	3	.5	7
DDC	Jamie Young	Nov	4	3	8	15
FEL DWI	Hilary Wright	Nov	0	0	1.5	1.5
MISD DWI	Herschel Woods	Nov	2	1	1	4
STAR Post	Jennifer Kachel	Nov	2	1	4	7
Prost PTIs	Felicia Kerney	Nov	6	0	10	16
DV	Searcey/Bargman	Nov	4/	4/	2/	10/
VETERANS	Geoff Keller	Nov	3	1	2	6
STAC (Mays)	Novak/Clark	Nov	/4	/2/	/1	/7
Total						73.5